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R. V.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Partnership Group	of M & R, INC		
DOCUMENT NUMBI	ER: P16000047912			
	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
I	da Figueroa			
_		Name of Contact Person		
5	Partnership Group of M & R,			
_		Firm/ Company		
ī	PO Box 89299	Firm/ Company		
-		Address		
1	Гатра FL 33689	redicus		
-		City/ State and Zip Cod	e	
Admin	@partnersgroupmr.com	····		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
(da Figueroa or Mohammed Abukhdeirat () 838-2674		_) 838-2674		
Name of	Contact Person	Area Code & Daytime Telephone Nu		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 OCT 10 PH 2:50

Partnership Group of M & R, Inc

-Seemhary of abute (Name of Corporation as currently filed with the Floridal Acht. of State) i. Find the P16000047912 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 905 Julie Lane Lakeland FL 33813 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: PO Box 89299 (Mailing address MAY BE A POST OFFICE BOX) Tampa FL 33689 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Mohammed Abukhdeir Name of New Registered Agent 905 Julie Lane Lakeland FL 33813 - (Florida street address) Lakeland New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Presiden	Mohammed Abukhdeir	905 Julie Lane Lakeland FL 33813
Add			
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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6) Change		<u> </u>	
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f an ameno	lment provides for a	ın exchange, recla	ssification, or ca	ncellation of issue	ed shares,	
<u>provisions</u> (<i>if not</i>	for implementing that applicable, indicate l	<u>ie amendment if n</u> N/A)	ot contained in t	he amendment its	self:	
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	October I	2017		
The date of each amendment(s) addate this document was signed.	loption:			, if other than the
Effective date if applicable:				
	(no more	than 90 days after amena	lment file date)	
Note: If the date inserted in this b document's effective date on the De			g requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE	D)		
☐ The amendment(s) was/were ado by the shareholders was/were su		rs. The number of votes c	ast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) w	vas/were sufficient for app	roval	
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of dir	rectors without shareholde	er action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporato	ers without shareholder ac	tion and shareholder	
9/29/17 Dated Signature	M) sha	umed Ap	M	
· ·	• •	er officer – if directors or		
	ed fiduciary by that fide	if in the hands of a receive uciary)	er, trustee, or other court	
	Mohammed Abukhdei	г		
	(Typed or p	rinted name of person sig	ning)	
	President			
		(Title of person signing)		