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COVER LETTER

TO: Amendment Section

Division of Corporations

M&M BROTHERS PAINTING INC. NAME OF CORPORATION: P16000066172 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARLON MENDEZ Name of Contact Person M&M BROTHERS PAINTING INC Firm/ Company 13748 SE 163rd ST Address WEIRSDALE, FL 32195 City/ State and Zip Code MARLONMENDEZ176@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please eall; MARLON MENDEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

M&M BROTHERS PAINTING INC				
(<u>Name of Corporati</u>	ion as currently f	iled with the Florida Dep	t. of State)	
P16000066172				
(Docur	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	la Statutes, this <i>Fle</i>	orida Profit Corporation ac	lopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co	". A professional corpore	orated" or ution name	The new the abbreviation must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>2X</u>)			
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address	s in Florida, enter the nan	ie of the	
new registered agent and or the new registered	office address.			
Name of New Registered Agent		<u> </u>		
	(Florida street	address)		
New Registered Office Address:	(Ci	(tv)	, Florida	(Zip Code)
	121	,,,		(Zip Cixie)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>zistered Agent:</u> I am familiar with	and accept the obligation.	s of the pos	20 1
Sign	ature of New Regi	istered Agent, if changing	5-7	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	D	OSVELY AURELIO MENDEZ	13748 SE 163RD ST
X Add			WEIRSDALE, FL 32195
Remove			
2) Change	C	OSBELY MENDEZ JR.	13748 SE 163RD ST
XAdd			WEIRSDALE, FL 32195
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	
	-
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If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
tno more than 90 days after amendment file do	(fe)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ving statement nent(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
09/17/18 Dated	
Signature allendo y	
Signature Olivin Illender (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	re not been r other court
MARLON MENDEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·