Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From;

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Smail Address: PLUTOUINOFF Q HOTMAIL. COM

### COR AMND/RESTATE/CORRECT OR O/D RESIGN MRP BY WESTON INC

Certificate of Status	0
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: MRP BY WEST	ON INC	
DOCUMENT N	JMBER: P17000012208		
	cles of Amendment and fee are :	submitted for filing.	
Please return all c	orrespondence concerning this m	natter to the following:	
	SANCHEZ, MELVA		
		Name of Contact Perso	n
		Firm/ Company	
	4452 RAINBOW AVE		
	WESTON, FL 33332	Address	
		City/ State and Zip Cod	е
	MELVASL@HOTMAIL.C	сом	
	E-mail address: (to be	used for future annual report	notification)
For further inform	ation concerning this matter, ple	ase call:	
PEDRO LUZQUINOS		at ( 954	_) 655-8413
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	c payable to the Florida Depa	artiment of State:
🗏 \$35 Filing Fo	e ☐\$43.75 Fiting 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	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassec V. Monroe Street, Suite 810 ussee, FL 32303

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#### H210004137923

Articles of Amendment to Articles of Incorporation of

MRP BY WESTON INC				
(Name of C	Corporation as currently filed with the Florida De	pt. of State)		
P17000012208				
	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this Florida Profu Corporation	adopts the foll	owing amer	ndment(s) to
A. If amending name, enter the new name	e of the corporation:			
"Inc.," or Co.," or the designation "Corp" chartered, ""professional association," or		d" or the abbre name must c	viation "Co	new orp.," word
B. Enter new principal office address, if a (Principal office address MUST BE A STR				
C. Enter new mailing address, if applications address MAY BE A POST OF				
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, enter the n			<del></del>
_	(Florida street address)			
	(Florida street address)			
New Registered Office Address:	(Cip)	, Florida	(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and accept the obligation	uns of the posi	tion.	
				221 NOV -9
	Signature of New Registered Agent, if changing			NO.
Check if applicable  The amendment(s) is/are being filed purs	suant to s. 607.0120 (11) (c), F.S.		A SSEELY A A SSEELY	-9 AH
	H210004137923		JiAit Lorie	<sup>†</sup> 9: 08

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> John Doe Y Mike Jones X Remove SV Sally Smith <u>X</u> Add Address Type of Action Title Name (Check One) 4452 RAINBOW AVE VP Luzquinos Sanchez, Alvaro J. 1) \_\_\_\_ Change WESTON, FL 33132 Х \_ Add Remove 4452 RAINBOW AVE ALONSO, DAVID A. 2) \_\_\_\_ Change X \_ Add WESTON, FL 33132 \_\_\_ Remove MENENDEZ, CHRISTOPHER T. 4452 RAINBOW AVE 3) Change X\_\_\_Add WESTON, FL 33132 Remove 4) \_\_\_\_Change \_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_ Romove 6) \_\_\_ Change \_\_ Add Remove

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		_		<u> </u>	
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	11/08/2021	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	3/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendmen fficient for approval.	t(s)
must be separately provided for	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
scleeted	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	•	
	SANCHEZ, MELVA	
	(Typed or printed name of person signing)	
	PRESIDENT	

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(Title of person signing)

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L. C.