P17000027037

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: M&M Custom Trim Carpentry Incomment Number: P17000027037
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marcus Rowe
M&M. Castom Trim Larpentry Inc
12021 Braddock Rd
Jacksonville, Fl 32219
City/ State and Zip Code
Marcus Rowe 73 @ gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus Rowe at 904, 422-2284
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

M&M (astom Tr	im Carper	Ary Inc	<u> </u>
(Name of	Corporation as currently file	d with the Florida Dept.	of State)	
17	00002/0	3/		
	(Document Number of Cor	poration (if known)		
			7	,
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flori</i>	ida Profit Corporation ado	pts the following amen	iament(s)
as Articles of incorporation.		•	DO 1	10
A. If amending name, enter the new nan	ne of the corporation:			
		, :	£ 2	ンド
			The Control	new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "Co". on," or the abbreviation "P.A.	A professional corporati		11 1 2 3 5 S
B. Enter new principal office address, if (Principal office address MUST BE A STA				
Trincipal office datatess into ST BE A STI	KEET ADDRESS)		٠, ٠	
	-			-
	_			_ ,
			Section 1	•••
Enter new mailing address, if application (Mailing address MAY BE A POST O				•
(muning numers mail but 1 to 51 to)				
· .	-			
D. If amending the registered agent and	or registered office address i	n Florida, enter the name	of the	1
new registered agent and/or the new		Trottam citter the inter-		
	1			•
Name of New Registered Agent				
· · · · · · · · · · · · · · · · · · ·	(Florida street ac	idress)		
•		,		
New Registered Office Address:			Florida	-
	(City,)	(Zip Code)	٠,
New Registered Agent's Signature, if cha				
hereby accept the appointment as register	red agent. I am familiar with a	and accept the obligations	of the position.	
			. :	
·		• •		•
		•		
···	Signature of New Regist	ered Agent, if changing		

address of each Office (Attach additional shee Please note the officer, P = President; V= Vic Executive Officer; CFO held President, Treasu Changes should be not a change, Mike Jones	cers and/or Directors, enter the title and name of each of er and/or Director being added: ets, if necessary) /director title by the first letter of the office title: ce President; T= Treasurer; S= Secretary, D= Director; To O = Chief Financial Officer. If an officer/director holds in the following manner. Currently John Doe is listed as leaves the corporation, Sally Smith is named the V and S. To ove, and Sally Smith, SV as an Add. PT John Doe	R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address OI PIIIAA
1) Change	Director Christopher > Crow	der 6751 Peter Rabbit North Jacksonville, FR 3221
<u>√</u> Add		Jacksonville, R 320
Remove		
2) Change		
Add		<u> </u>
Remove		
3) Change		
Add		
Remove		
Kemove		
4) Change	· · · · · · · · · · · · · · · · · · ·	
Add		
Remove		<u> </u>
5) Change		
Add		· <u>· · · · · · · · · · · · · · · · · · </u>
Remove		
6) Change		
Add		
······································	· · · · · · · · · · · · · · · · · · ·	

Remove

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)
	- 24-10 (1973)
	AND THE STATE OF T
F. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	different in not contained in the amendment Rsen.
(
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• , .	
<u> </u>	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
late this document was signed. Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need to be determined on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement	
must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	,
by	
(voting group)	1
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $4-)7-17$	
Signature Mun Har	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) Marcus Rowe	
(Typed or printed name of person signing)	,
President	

(Title of person signing)