## Pn 0000 55378

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Grading Martinez, Inc.  DOCUMENT NUMBER: P17000055378
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abel Martinez  Name of Contact Person  Grading Martinez, Inc  Firm/ Company  7943 15+h PL  Address  Labelle, FL 33935  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Abel Marlinez Caballero 239, 247-8566  Name of Contact Person  Area Code & Davring Telephone Number
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)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

## Articles of Amendment

to

Articles of Incorporatio	Art	icles	of	Incor	poral	ioi
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Marg 10 - 00 - 10 - =			
- GLOGIN MONTANSS	LNC.		
Same of Corporation as curren	tly filed with the Florida Dept. of State)		
<u> </u>	of Corporation (if known)		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.4,	A professional corporation name must	reviation "Corp.," contain the word	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	- <u>-</u> -		
	<del></del>	20%	
		33 HA	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AR N	
(Stating duaress MAT BE A POST OPPICE BOA)		- R	-
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		<u>က်</u> လ <b>က်</b>	$\cup$
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	dress in Florida, enter the name of the	ATE OF	
Name of New Registered Agent	_		
name if New Negatierea Agent			
	treet address)		
New Registered Office Address:	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent—I am familiar	<u>(t)</u> with and accept the obligations of the po	sition.	
	,		
Signature of Van	Registered Agent, if changing		
Signature of New 1	action of agent, if changing		

Check if applicable  $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	Abel Martinez	7943 15th Pl
Add			Labelle, FL33939
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del>-</del>

	litional sheet:	additional Ass. if necessary)	). (Be specij	fic)	<del></del>			
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provision	s for implem	ides for an ex lenting the an	nendment if i	issincation, o	in the amen	dment itself:	iares,	
(if no	t applicable .	indicate N/A)			-		•	
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The date of each amendment(s) adoption:	01/01/2023	, if other than the
date this document was signed.	. 1	
Effective date <u>if applicable</u> :	01/01/2023	
O	10 more than 90 days after amendment f	île date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		girements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the incaction was not required.	orporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		r the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gra		
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by		
(voting	group)	
DatedO317120 Signature & Abel	23	
Signature & Abel	H12 C.	
(By a director, presider	it or other officer – if directors or office	
selected, by an incorporated fiduciary by	orator – if in the hands of a receiver, trus that fiduciary)	stee, or other court
Abel	Martinez Caba	11er 0
(Ту	ped or printed name of person signing)	
ł	President	
(Tit	le of person signing)	