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To:

Division of Corporations

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From:

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Account Number : 120010000062 Phone : (323)962-8600

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

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SECRETARY OF STATE

LLAHASSEE, FLORE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MMG REPRESENTATIVES, INC.

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TO: Amendment Section

## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: MM	G REPRESENTATIVES, INC.
DOCUMENT NUMBER: P17000	
The enclosed Articles of Amendmen.	and fee are submitted for filing.
Please return all correspondence con-	erning this matter to the following:
Cheyenne M	oseley
	Name of Contact Person
LegalZoom.c	om, Inc.
	Firm/ Company
101 N. Brand	Blvd., 11th Floor
	Address
Glendale, CA	v 91203
	City/ State and Zip Code
patrick@lltaxcpa.c	om
	diess: (to be used for future annual report notification)
	,
For further information concerning th	as matter, please call:
Cheyenne Moseley	900 773 0999 out 0734
Name of Contact Pers	on Area Code & Daytime Telephone Number
.vane of Conact Fers	on Area Code & Daytine Pelephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
3	Filing Fee & ZS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  ZS43.75 Filing Fee & Certified topy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	· · · · · · · · · · · · · · · · · · ·
Division of Corpur P.O. Box 6327	ations Division of Corporations Clifton Building
Tallahassee, FL 32	5
	Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of	t pot ation
MMG REPRESENT	FATIVES, INC.
(Name of Corporation as currently filed with the Flo	
P1700009	14481
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stree	r address)
New Registered Office Address: (Circ)	Florida ————————————————————————————————————
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.

Example:

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> 4.4.</u>	John Doe	
$\underline{X}$ Remove	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PSTD	DONDADONDA	4241GULFOFMEXICODR.
Add			UNIT 502
Remove			LONGBOAT KEY, FL 34228
2) Change	PSTD	DONDA MULLIS	4241 GULF OF MEXICO DR.
Add			UNIT 502
Remove			LONGBOAT KEY, FL 34228
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or addir atach <i>additional she</i>	ets, if necessary).	(Be specific)			
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an amendment pro provisions for imple (if not applicable	menting the ame	nange, reclassif pdment if not o	ication, or canc	ellation of issued amendment itsel	<u>shares,</u> lf:
·					
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		•		<del></del>	

The date of each amendment(s) adoption: 12/21/2017 if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days ofter amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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
The emendment(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.
Signature Unity Multip
(By a director, president or other officer – it 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)
DONDA MULLIS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)