

P17000097109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

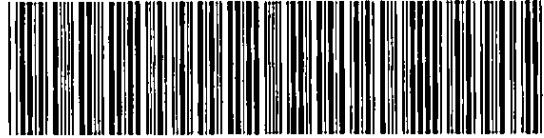
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/18--01013--026 **35.00

FILED

2018 JUN 18 P 3 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2018

T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INVERSIONES MDM CORP

DOCUMENT NUMBER: P17000097109

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS FELIPE JACOBO

Name of Contact Person

JACOBO & ASSOCIATES, INC.

Firm/ Company

6220 W 21ST CT

Address

HAIALEAH, FL 33016

City/ State and Zip Code

INFO@JACOBOTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS FELIPE JACOBO

at (

305

556-0044

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

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2018

LUIS FELIPE JACOBO
6220 W 21 CT
HIALEAH, FL 33016

SUBJECT: INVERSIONES MDM CORP
Ref. Number: P17000097109

We have received your document for INVERSIONES MDM CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Cesar Martin Delgado sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 818A00011930

RECEIVED
18 JUN 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of
INVERSIONES MDM CORP

FILED

(Name of Corporation as currently filed with the Florida Department of State) P 357

PI7000097109

(Document Number of Corporation (if known)) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	DELGADO, CESAR MARTIN	15717 KINNOW MANDARIN LN
<input type="checkbox"/> Add			WINTER GARDEN, FL 34787
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	DELGADO, MARTIN	15717 KINNOW MANDARIN LN
<input type="checkbox"/> Add			WINTER GARDEN, FL 34787
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	DELGADO, MARIO	6220 W 21 CT
<input checked="" type="checkbox"/> Add			HALEAH, FL 33016
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	VP	DELGADO, CESAR MARTIN	15717 KINNOW MANDARIN LN
<input checked="" type="checkbox"/> Add			WINTER GARDEN, FL 34787
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date 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 not be listed as the document's effective date on the Department of State's records.

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)"

☐ 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 05/29/2018 _____

Signature Cesar Martin Delgado

(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)

CESAR MARTIN DELGADO

(Typed or printed name of person signing)

VP

(Title of person signing)