

P18000015488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

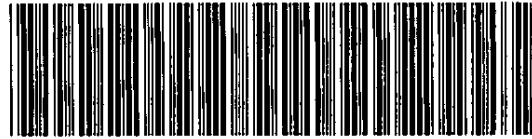
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APR 20 2018

FILED

18 APR 19 AM 7:24

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2018

EVA LICCIARDELLO
LICCIARDELLO CONSTRUCTION, INC.
13940 SE 53RD AVE
SUMMERFIELD, FL 34491

SUBJECT: PROPERTY SOLUTIONS BY M&K, INC.
Ref. Number: P18000015488

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

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00007220

RECEIVED
18 APR 19 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mario Licciardello
13940 SE 53rd Ave
Summerfield, FL 34491

4/4/18.

Will no longer be affiliated with Property Solutions by MTK, Inc.
Sole ownership will be Kathryn Thompson - 100% as
President.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Property Solutions by M+K.
DOCUMENT NUMBER: P18000015488

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

Please return all correspondence concerning this matter to the following:

Era Licciardello.
Name of Contact Person
Licciardello
Firm/ Company
13940 SE 53rd Ave
Address
Summerfield, FL 34491
City/ State and Zip Code
MKPropertySolutionsInc@gmail.com. ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Era Licciardello at (352) 603-4403.
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

*already
Paid*

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Property Solutions by MTK, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

D18000015488

(Document Number of Corporation (if known))

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**)

4210 NE 11th St.

Ocala FL 34470.

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4210 NE 11th St.

Ocala FL 34470.

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

Kathryn Thompson.

4210 NE 11th St.

4210 NE 11th St. (Florida street address)

New Registered Office Address:

Ocala FL.

(City)

, Florida

34470.
(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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Mario Licciardello</u>	<u>13940 SE 53rd Ave</u> <u>Summerfield, FL 34491</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Kathryn Thompson</u>	<u>4210 NE 11th St.</u> <u>Ocala, FL 34470</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Kathryn Thompson</u> <u>Kathryn Thompson was VP and</u> <u>will now be P.</u>	<u>4210 NE 11th St.</u> <u>Ocala, FL 34470</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <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			

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Cancellation of 50% share to Mario Licciardello.
100% of shares will belong to Kathryn Thompson.

The date of each amendment(s) adoption: 4/14/18., if other than the date this document was signed.

Effective date if applicable: 4/14/18.

(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 4/14/18.

Signature

Mario Li

(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)

Mario Li

(Typed or printed name of person signing)

President

(Title of person signing)