## P18000025209

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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

	ation: <u>Marina</u> Er: <u>P18000025</u>		. A .		
The enclosed Articles of	f Amendment and fee are su	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
Marina B. Chacon Name of Contact Person					
-		Firm/ Company			
_	3625 Nw 82nd Ave. Svite 215				
_	Doral, F1. 33166 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Marina (	Chawn	at ( <u>305</u>	986 - 550 Z de & Daytime Telephone Number		
Name of	Contact Person	Area Coo	de & 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)	S52.50 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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Manny Chacon, P.A.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000025209		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
MC Property Management Grove name must be distinguishable and contain the word "corporation," "co	p. Inc	The new
name must be distinguishable and contain the word "corporation," "ce" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevia professional corporation name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable:	3625 Nw 82nd Ave	. Suite 215
(Principal office address MUST BE A STREET ADDRESS)	Doral, Fl. 33166	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.	
		023
		<i>E</i> /
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
n 1/2		97 STATE 97 OR ATT
Name of New Registered Agent 14		- 60
(Florida stre	et address)	<del></del>
New Registered Office Address:	, Florida	p Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	1.
N/A·		
Signature of New Re	gistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	e), F.S.	

<ul> <li>If amending or adding additional Ar (Attach additional sheets, if necessary).</li> </ul>	(Ru spacific)
(Mach thannond sheets, if necessary).	i. The specific)
<del></del>	
····································	
. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	rendiment it not contained in the amendment usen:
(y nor appreciate, transcate 1971)	
<del></del>	

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	·		
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing re- partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoptaction was not required.	eted by the incorporators, or board of directors withou	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast flicient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast for	or the amendment(s) was/were sufficient for approva	al
by	(voting group)	
selected.	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, the diductory by that fiductory)  Marina Chacon  (Typed or printed name of person signing)	ustee, or other court
	President	

(Title of person signing)