# 11800034610

(F	Requestor's Name)
(/	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
<u>(</u> E	Business Entity Name)
(i)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
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FILED
2018 AUG 17 PM 1: 29
SECRETARY OF STAT

C. GOLDEN AUG 2 0 2019

# **COVER LETTER**

Division of Corpora	tions		
NAME OF CORPORA  DOCUMENT NUMBE	$\sqrt{2}\sqrt{6}$	M DODIV	periesInc
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	indence concerning this ma	tter to the following:	
_	GN	Name of Contact Person	ICRC
	MO	M Dely	12/105 Inc.
_	253	Firm/ Company	Tuen
	St Re	tersous	a 22 33713
$\subseteq$	oc '	City/ State and Zip Cod	
<u>200</u>		Mahercheu	
	E-mail address: (to be us	sed for future annual report	notification)
For further information e	oncerning this matter, pleas	se cull:	
GREG SOX	olliore	at ( <del>) Som</del> Co	328-5200
$\mathcal{O}$	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	he following amount made	payable to the Florida Depa	irtment 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)
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### Mailing Address

TO: Amendment Section

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



July 23, 2018

**GREG SOULLIERE** 2530 30TH AVENUE N ST. PETERSBURG, FL 33713

SUBJECT: MBM DELIVERIES INC.

Ref. Number: P18000034610

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):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 718A00015068



July 6, 2018

GREG SOULLIERE 2530 30TH AVENUE N ST. PETERSBURG, FL 33713

SUBJECT: MBM DELIVERIES INC. Ref. Number: P18000034610

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 818A00014006

RECEIVED

18 JUL 17 PH 12: 14:
SEGRETARY OF STALL ALLAHASSEED

## Articles of Amendment

to

All Alle 17 PM 128

Articles of Incorporation

Of DOLIVERIOS INC.

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

P180000341010

(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:	
	Thenew
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	St Petersburg Il
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2530-20" Ave U
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent  2530 - 3	Souliere 20th Aug W
New Registered Office Address: St. Dete	Street address)  ASDWG Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signiture 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			**
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Be specific)
<del></del>
_ <del>/</del>
_ <del></del>
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hange, reclassification, or cancellation of issued shares,
endment if not contained in the amendment itself:
<u>/</u>
·

Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	late)
<b>Note:</b> If the date inserted in this blo locument's effective date on the Dep	ock does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes east for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The folloach voting group entitled to vote separately on the amend	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adoption was not required.	ited by the incorporators without shareholder action and sh	areholder
Dated &	-10-18	
	ef fll	
selected.	rector, president or other officer – if directors or officers hat by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary)	
_	GREG Soulliere	)
	(Typed or printed game of person signing)	