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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: M&M TOOLS	AND PARTS, INC	
DOCUMENT NUME			
	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	pondence concerning this ma	ntter to the following:	
	JOSE QUINONES		
-		Name of Contact Perso	n
	M & M TOOLS AND PAR		
-		Firm/ Company	
	14435 SHERMAN WAY 20	• •	
•		Address	
	VAN NUYS CA 91405		
-		City/ State and Zip Cod	е
alexq-	9@hotmail.com		
<u>-</u>	. —	sed for future annual report	notification)
	concerning this matter, pleas	se call:	
JOSE QUINONES		at (	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 cassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment Articles of Incorporation of

M & M TOOLS AND PARTS, I	NC
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evalue of Corporation as cut	annual of the deviate of a PDI of the State
M&M TOOLS AND PARTS, INC. PISOOE	arrently filed with the Florida Dept. of State)
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>on:</u>
	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
3. 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)	ASSET OF THE PARTY
	- OO
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ado</li> </ul>	address in Florida, enter the name of the dress:
Name of New Registered Agent	
Name of New Registered Agent	ida street address)
Name of New Registered Agent	ida street address), Florida (City) (Zip Code)

÷

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officheld. 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 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 Chang-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	· .
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MANUEL COELLO	111 integra village apt 141
Add			sanford , fl 32771
X Remove			
2) Change	b	PATRICIA PATERACKI	111 integra village apt 141
x Add		<del> </del>	sanford , fl 32771 .
Remove			
3 ) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
5) Change	<del></del>		
Add			
Remove			

Attach <i>additional sheets, if</i>	ditional Articles, e Inecessary). (Bu	specific)	·		
<del></del>		<del></del>	<del></del>		
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<del></del>		<del></del>	·		
<del></del>					
	<u> </u>			<del></del>	
<u> </u>		<del></del>			
an amendment provides	for an exchange,	reclassification,	or cancellation of	issued shares,	
<u>rovisions for implementi</u>	ing the amendmen	t if not contained	d in the amendme	int itself:	
(if not applicable, indic		<i>;</i> .			
	N	<u>/ A</u>			
	•				
<u> </u>			<del></del>	<del></del>	
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	<del></del>				-

The date of each amendment date this document was signed	t(s) adoption:	, if other than
Effective date if applicable:	10/04/2018	
и в в в в в в в в в в в в в в в в в в в	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	e will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
10/ Dated	04/2018	
Signature		
(B)	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOSE QUINONES	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	