'P19000034341

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
·

Office Use Only



900354129999

10/22/20==01004==002 **\$0.00

DIVISION OF COMPURATIONS TALLAHASSEE, FLORIDA

C)

O SIMMONS OCT 23 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: MM SER	ViCES of N.	F. INC
DOCUMENT NUMBE	R: P 190000 3	34341	
	Amendment and fee are sub		
Please return all correspo	ondence concerning this matt	ter to the following:	
	Ken Cl	EBSIEN	
_	, , , , , , , , , , , , , , , , , , , ,	Name of Contact Person	
-	37// 11 1	Firm/ Company	
-	J4 10. C	Address	
mages.	324 N. Co TALLASSE	E FL 3	32304
-	MF, MM SERVI E-mail address: (to be us	CE @ 9 MAile ed for future annual report	CoM notification)
For further information	concerning this matter, pleas		
KEN W			722 - 8622 de & Daytime Telephone Number
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:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Floridal its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD.	<u>RESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(car)
New Registered Agent's Signature, if changing Reg	istered 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	?}
			텧
X Add	<u>sv</u>	Sally Smith	Address . O
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	
I) Change	D	MELVIN FORd	3204 OLSON Rd TALLAGASSFE FZ 3230°
Add			TALLAGASSEE FZ 3230
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			+
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ending or adding additional Articles, enter change(s) her hadditional sheets, if necessary). (Be specific)	
	0. 00 11 0.00
	<u>}9:30</u>
imendment provides for an exchange, reclassification, or isions for implementing the amendment if not contained	r cancellation of issued shures, in the amendment itself:
if not applicable, indicate N/A)	

·*,

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 document's effective date on the Department of S	t meet the applicable statutory filing requirements. This date will state's records.	not be listed as the
Adoption of Amendment(s) (CHF	ECK ONE)	
The amendment(s) was/were adopted by the in action was not required.	ncorporators, or board of directors without shareholder action and	shareholder
1 The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ameno	lment(s) was/were sufficient for approval	
by	•	
	ng group)	
Dated/0/16/20)	
Signature		
	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
<u> </u>	in WEBSTER	
(1)	'yped or printed name of person signing)	
Butt	et ellette RA	
/ (1	Title of person signing)	