P19000039459

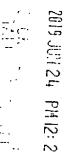
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300330893573

06/24/19--01031--010 ***35.00



: :.. r ..

R WHITE

JUL 0 2 1019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MTM SLAG SLIN	NGERZ , INC.			
DOCUMENT NUME	DIOCOCCUEO				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	Michael C. Mason				
•	Name of Contact Person				
	MTM Slag Slingerz, Inc.				
		Firm/ Company	.		
	141 County Road 21 South Address				
	Hawthorne, FL 32640 City/ State and Zip Code				
		Cityr state and zip Cod	C		
	mikecmason77@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Michael C. Mason		at (352	234-0258		
Name of Contact Person			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	□\$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



MTM SLAG SLINGERZ, INC.

2019 JULI 24 PK 12: 25

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
119000039459	A Company of the Comp
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: N/A	117
name must be distinguishable and contain the word "corporati "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
D. Parton name various of the address of conditional of	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent NIA	
(Florida s	troet address)
New Registered Office Address: (SCA)	, Florida (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
I hereby accept the appointment as registered agent—I am familiar	wan ана ассерстве oraganons 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: <u>X</u> Change	<u>PT</u>	John Doe		
\underline{X} Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	T	Tosha D. Mason	141 COUNTY ROAD 21 SOUTH	
X Add			HAWTHORNE, FL 32640	
Remove			 	
2) X Change	PSD	Michael C. Mason	141 COUNTY ROAD 21 SOUTH	
Add			HAWTHORNE, FL 32640	
Remove				
3) Change		_		
Add				
Remove				
4) Change				
4) Change				
Remove				
5) Change				
Add				
Remove				
6) Change		_	_ .	
Add				
Remove				

	ng or adding additional Article ditional sheets, if necessary). — t		iere:		
!/A	annom ancora, y nec compy. — (ne specificy			
<u> </u>					
				-	
					
·					
					
_					<u> </u>
					
16					
provision	idment provides for an exchan is for implementing the amenda	ge, reclassification, nent if not contain:	or cancellation of ed in the amendme	ussued snares. nt itself:	
(if no	t applicable, indicate N/A)				
/A					
			_		
			-		
					
					

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	MA12	
06/10/ Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendicient for approval.	lment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment().	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
bv	,,,	
-	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	kler
Dated June /	3,20/9	
Signature Mu	hul C. Man	
(By a dire selected.	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d tiduciary by that fiduciary)	
	michael C. MASIN	
_	(Typed or printed name of person signing)	— ————
	(Title of person signing)	
	(Title of person signing)	