P1900078934

(R	equestor's Name)	
(A:	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

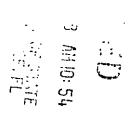
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MARTINEZ INDU	JSTRIAL CORP.	
	1BER: P19000078934		
	es of Amendment and fee are su		
Please return ali corr	espondence concerning this ma	atter to the following:	
	FRANK MARTINEZ		
		Name of Contact Perso	n
	MARTINEZ INDUSTRIAL CORP.		
		Firm/ Company	
	2531 NW 72 AVE STE B		
		Address	
	MIAMI, FL 33122		
		City/ State and Zip Cod	e
	into@etaxrefund.us		
For further informati	on concerning this matter, plea		502-8521
Name of Contact Person		at (Area Co	
	for the following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section			Address Iment Section
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee	
	Hahassee, FL 32314	2415 1	N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

MARTINEZ INDUSTRIAL CORP		
(Name of Corporation as curr	ently filed with the Florida Dept. of State)	
P19000078934		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following	(amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>	
		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered." "professional association," or the abbreviation "P.	. A professional corporation name must contain	- п "Согр., "
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: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		10:55
Name of New Registered Agent		
(Floride	a street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	iar 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 Doc		
X Remove	<u> </u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP	VENTRESCA, TOMMASO	2531 NW 72 AVE STE B	
Add			MIAMI, FL 33122	
X Remove				
2) Change	VP	ARAYA MASIS ESTEFANI	2531 NW 72 AVE	
X Add			5r= B	
Remove 3) Change			MIAM, FL 33122	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	nal sheets, if necessary,). (Be specific)			
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	<u> </u>		-		
	ient provides for an ex	cchange reclassificati	ion or cancellatio	in of iccued chares	
f an amenda	r implementing the ar	mendment if not cont	ained in the ame	ndment itself:	
f an amendn provisions fo					
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
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provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				

	05/10/2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
0:	5/01/2021	
Effective date if applicable:		
	tno more than 90 days after amena	ment file dater
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filit Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes of sufficient for approval.	east for the amendment(s)
	approved by the shareholders through voting groups or each voting group entitled to vote separately on	
"The number of votes ca	ist for the amendment(s) was/were sufficient for ap	proval
by		··
·	(voting group)	
05/10/20	21	
Dated		
Signature	The state of the s	
(By a selec	director, president or other officer – if directors or ted, by an incorporator – if in the hands of a receiv inted fiduciary by that fiduciary)	
	FRANK MARTINEZ	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	