## P19000079398

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: M&M	PAINTING AND RESTORATION INC					
	0079398					
The enclosed Articles of Amendment at	nd fee are submitted for filing.					
Please return all correspondence concer	ming this matter to the following:					
MYNOR CASTI	ELLANOS					
	Name of Contact Person					
M & M PAINTE	NG AND RESTORATION INC					
	Firm/ Company					
3170 SW 11 STR	REET					
	Address					
MIAMI, FLORII	DA 33135					
<del></del>	City/ State and Zip Code					
mynorcontractor	work@gmail.com					
E-mail addre	ess: (to be used for future annual report notification)					
For further information concerning this	matter, please call:					
MYNOR CASTELLANOS	786 709-8676					
Name of Contact Person						
Enclosed is a check for the following an	nount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Fil Certificate						
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee					

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

M & M PAINTING AND RESTORATION INC

(Name of Corporation as current	tly filed with the Flori	ida Dept. of State)
19000079398		
(Document Number	of Corporation (if know	wn)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corpo	ration adopts the following amendment(s
. If amending name, enter the new name of the corporation:		
_ <del></del>		The new
tme must he distinguishable and contain the word "corporation," : Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corpo	
Enter new principal office address, if applicable:	N/A	<i>ب</i> ے
Principal office address MUST BE A STREET ADDRESS )	<del></del> -	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	N/A	•
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<del></del>
		<u> </u>
	·-	<del></del>
		<del></del>
. If amending the registered agent and/or registered office add	dress in Florida, enter	the name of the
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent		
(Flavida e	treet address)	
N/A	ereer auar (537	
		, Florida
New Registered Office Address: NA	(City)	(Zip Code)

Check if applicable

 $<sup>\</sup>square$  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	$\underline{V}$	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 X Add			
Remove 2) Change	<u>v</u>	KASSIDY SOLE CASTELLANOS	3170 SW 11 STREET
Add			MIAMI, FLORIDA 33135
Remove Change			
Add			
Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add			
Remove			

E. <u>If amer</u> (Attach	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change (Be specific)	(s) <u>here</u> :		
N/A		(22.4,22.9,2)			
		<del></del>			
<del>-</del>				<del>-</del> .	<del></del>
	<del></del>	<del></del>			
_					
			<del>-</del>		
	<del></del>				<del></del>
_		<del>.</del>			
			-		
	<u> </u>				
				<del></del>	
F. <u>If an ar</u>	mendment provides for an exc	hange, reclassificat	ion, or cancellati	on of issued share	<u>.s.</u>
<u>provis</u>	sions for implementing the ame I not applicable, indicate N/A)	endment if not con	tained in the ame	endment itself:	
N/A	пот аррисате, такае (ум)				
IN/71	<del></del>				
		_		<u>.</u>	
					_
<del></del> _					-
				<del></del>	

09/1 //2020	
The date of each amendment(s) adoption:	if other than
date this document was signed.	
09/17/2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sh action was not required.	archolder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(yoting group)	
Signature  Signature  ABy a directual distinct of other officer – if directors or officers have not been selected, by in the opporator – if in the hands of a receiver, trustee, or other court appointed indicitary by that fiduciary)  MYNOR CASTELLANOS  (Typed or printed name of person signing)  PRESIDENT	
(Title of person signing)	

the

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