P20000077553

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: MPT Services Cor	p	
DOCUMENT N	200000000000000000000000000000000000000		
The enclosed Ari	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Maria Torres		
		Name of Contact Perso	n
	MPT SERVICES CORP		
		Firm/ Company	
	11439 SW 7 TERRACE		
		Address	
	MIAMI, FL 33174		
		City/ State and Zip Cod	e
	info@aresepa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inforr	nation concerning this matter, pleas	se call:	
1	10000	200	229-8257
MACIO	ame of Contact Person	at (_/ <u></u>
iN.	ame of Confact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	ce □\$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)
	Mailing Address Approximately Social		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N, Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Mr 1 Services Corp		
	ntly filed with the Florida Dept. of State)	
P20000077553		<u> </u>
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		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	A professional corporation name must a	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u> </u>
C. Enter new mailing address, if applicable:		ė.
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		<u></u>
		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
N'/A	_	
Name of New Registered Agent		
· · · · ·		
(Plorida s	treet address)	
New Registered Office Address:	, Florida	
	tCity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	•.	
hereby accept the appointment as registered agent. I am familiar	w: with and accept the obligations of the posi-	tion.
Signature of New .	Registered Agent, if changing	
Check if applicable		
\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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ERNESTO TORESS	11439 NW 7 TERR
Add X Remove			MIAMI, FL 33174
2) Change	 		
Add Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

lf amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
X	
-	
	
_	
<u></u>	
	_
-	
f an amandment movides for an arch	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>.</u>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	s, 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.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
Maria Torres		
	(voting group)	
Dated Signature	No.: 1.2	
(By a	director, president or other officer – if directors or officers have n ted, by an incorporator – if in the hands of a receiver, trustee, or o	ot been
	inted fiduciary by that fiduciary)	ther court
	MARIA TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _