P21 0000 43167

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MC EQUIPMENT OF FLORIDA CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MOISES DOMINGO CORTES Name of Contact Person Firm/ Company 2305 NW 63 ST Address **MIAMI FL 33147** City/ State and Zip Code VICRUQUI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOISES DOMINGO CORTES Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of	Corporation as current	tly filed with the Florida De	ept, of State)		
P21000043167					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation	sclopts the following amendm	ent(s) to	
A. If amending name, enter the new name	ne of the corporation;				
N/A			The net	v	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp., name must contain the wor	 d	
B. Enter new principal office address, if applicable:					
Principal office address MUST BE A ST					
			.		
C. Enter new mailing address, if applied		N/A			
(Mailing address MAY BE A POST O	FFICE BOX	IN/A		2	
				2	
			<u></u>	MAY	
n 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	/	de la Constantina della consta	4 2	<u> </u>	427
 If amending the registered agent and new registered agent and/or the new 	revistered office addre	ni.	S ₹	9	
Name of New Registered Agent	N/A		2 89	A	
THE PARTY OF THE P			نىرىن	ယ္	
-	(Florida s	trees address)		√ >	
N- Designed Office Address.	N/A		. Florida	+	
New Registered Office Address:		(City)	(Zip Code)		
New Registered Agent's Signature, if chi hereby accept the appointment as register	inging Registered Agen red avent. I am familiar	<u>tt:</u> · with and accept the obligati	ions of the position.		
	and and a mind and answer		· · · · • • · · · • • · · · · · · · · ·		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>v</u>	Mike Jo	ones		
X Add	<u>\$V</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change	P	_	MOISES CORTES	2305 NW 63 ST	
Add				MIAMI FL 33147	
X Remove					
2) Change	P	_	MOISES DOMINGO CORTES	2305 NW 63 ST	
X Add				MIAMI FL 33147	
Remove Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		-			
Add					
Remove					

	icies, enter change(s) here: (Be specific)
N/A	
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. If an amendment provides for an excl	hange, reclassification, or cancellation of imped shares.
provisions for implementing the ame	hance, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exci- provisions for implementing the ame (if not applicable, indicate N/A)	hance, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
cif not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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 05/14/2021 The date of each amendment(s) adoption: , if other than the
date this document was signed.
05/14/2021
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
(voting group)
05/14/2021 Dated
Dillotta
Signature Mil - 1
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
MOISES CORTES
(Typed or printed name of person signing)
P
r
(Title of person signing)