P24000085775

(Re	equestor's Name)	
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{CII	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2021 OCT -8 AM 10: 44 SECT -8 AM 10: 44

2021 OCT -8 AM 10: 4

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MM BUSINESS CONSULTANT FNC. P21000085775 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MINEYA J. MORA
Name of Contact Person MM BUSINESS CONSULTANT INC. S401 COLLINS AVENUE SUITE 570

Address

MIANU BEACH FUNIDA 33140

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>786</u>) <u>(1882383</u> 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 enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment

to

Articles of Incorporation

of

MM BUSINESS	CONSULPANT FNC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
PZ1000085=	775	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "co" lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abl professional corporation name must f	reviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	2021 00 SECTION
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-	OT-8 AM IO: 45
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	NA	
(Florida stree	et address)	
New Registered Office Address: (C	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ab and a second of the second	
r neven) accept the appointment as registered agent. I am jamittar wi	in and accept the obligations of the po	sition.
	N/A.	
Signature of New Reg	sistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> P</u>	MINEYA J. MONA	5401 EULINS AVENCE
X Add			SUITE SIO
Remove			MIAMI BEACH PL. 33140
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	Iding additional Art sheets, if necessary).	(Be specific)	NA		
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an amendment	provides for an exch plementing the ame	nange, reclassificat	ion, or cancellation	of issued shares,	
(if not and):	tble, indicate N/A)	nament ii not cont	/	ment itseit:	
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The date of each amendment(s) adoption:
the date of each amendment(s) adoption: date this document was signed.
Effective date if applicable: 10/04/2021.
(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 east 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)
Dated10/04/2021
Signature
(By a director, president of 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)
MineyA J. Mons.
(Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)