P21 000102907

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COVER LETTER

TO: Amendment Se Division of Cor			·	• ·		
NAME OF CORPO	DRATION: MC PROPERTIES	HOLDING CORP				
DOCEMENT NEA	1BER: P21000102907					
	s of Amendment and fee are su	Amittad for filing				
	-					
Please return all corr	espondence concerning this ma	iter to the following:				
	Camilo Espinosa					
		Name of Contact Person	1			
Loigica P.A.						
Firm/ Company						
40th SW 13th ST Suite 102						
Address						
Miami, FL. 33130						
	City/ State and Zip Code					
catalina.beltran@loigica.com						
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Catalina Beltran		at (786	292-9704	_		
Catalina Beltran at (786) 292-9704 Name of Contact Person Area Code & Daytime Telephone Number		()	23			
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment of State:	, :	2022 AUG	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	:	₩	
Ar Di	ailing Address mendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	•		

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MC PROPERTIES HOLDING CORP

(Name o	of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)	-
P21000102907				
	(Document Number of 0	Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the	following amendm	nent(s)
A. If amending name, enter the new n	ame of the corporation:			
			The ne	21¢
ame must be distinguishable and contain Inc.," or Co.," or the designation "Cochartered," "professional association."	Corp," "Inc," or "Co". A			
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>				-
				•
				-
Enter new mailing address, if appl (Mailing address MAY BE A POST				
(Stating address SIAY BE A POST	OFFICE BOX			-
				-
				-
. If amending the registered agent ar		ss in Florida, enter the name of the	:	
new registered agent and/or the new			1 127)
Name of New Registered Agent	LOIGICA P.A.			
	40th SW 13th ST Suite 102			;
	(Florida stree	at address)		. 1
New Registered Office Address:	MIAMI	, Florida	33130	•
	(0	City)	(Zip Code)	-
			I.S.	J
	1			-
ew Registered Agent's Signature, if c				
hereby accept the appointment as regis,	ered agent. I am familiar wi	th and accept the obligations of the p	osition.	
	Simulation	To be a state of the second of		
	Signature of ivew Keg	significal 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)

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>	<u>Name</u>	Address
1) Change	CEO	Baltasar M Mayol Calvo	3326 W 112ND ST
Add			HIALEAH, FL 33018
Remove			
2) Change		_	_
Add			
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			_
Add			
Remove			

<u>If amending or adding additional</u> Attach <i>additional sheets, if necessa</i> r	ry). (Be specific)	<u></u> :		
				
		_		
				
f an amendment provides for an	exchange, reclassification	ı, or cancellation of issi	ied shares,	
provisions for implementing the (if not applicable, indicate N/A	<u>amendment if not contain</u>)	ned in the amendment i	itself:	
			 	
				

The date of each amendment(s) adoption:	an the
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 document's effective date on the Department of State's records.	as the
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 100	
by 100 (voting group)	
07/25/2022 Dated	
Signature (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)	
Baltasar M Mayol Calvo	
(Typed or printed name of person signing)	

MGR