P22000066039

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2024 / 05-19-761-7-16

AUG 2 6 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

*,

NAME OF CORPO	DRATION: MR ALL PRO IN	С	
	IBER: P22000066039		
	s of Amendment and fee are su	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	MAXIMO HERNANDEZ		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
	MR ALL PRO INC		
		Firm/ Company	
	9355 SW 24TH STREET		
	-	Address	
	MIAMI FL 33165		
		City/ State and Zip Cod	e
	MAX@MRALLPROINC.CO	ОМ	
	*	sed for future annual report	notification)
or further information	on concerning this matter, plea	se call: at (at (266-5633
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$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			Address
Amendment Section			ment Section
Division of Corporations P.O. Box 6327			n of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

	icles of Amendment to	<u>;}.</u> [2024 AUG	
Artic	cles of Incorporation of	: •	ÁU	
MR ALL PRO INC	VI		619	
(Name of Corporation as	s currently filed with the Florida Dept, of State)	1 :	A	•
P22000066039	_	£.c.	1	
(Document ?	Number of Corporation (if known)	<u> </u>	- i i 2	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the follo	wing ame		ı(s) to
A. If amending name, enter the new name of the corpor	ration:			
N/A				
name must be distinguishable and contain the word "corpore". Inc.," or Co.," or the designation "Corp." "Inc." or "chartered." "professional association," or the abbreviation.	"Co". A professional corporation name must co.	The iation "Co ntain the	new orp.," word	
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)			
		 -	—	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	N/A		·	
			_	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the			
new registered agent and/or the new registered office	address:			
Name of New Registered Agent N/A		<u>-</u>		
- IF	Florida street address)			
New Registered Office Address:	Florida			
	(City) (Z	Zip Code)		
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent: familiar with and accept the obligations of the position	m.		
Signatura	of New Registered Agent, if changing			
organiare (ny men negativo ngent, y enanging			

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	PT John J	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	DVPST	MAXIMO HERNANDEZ	9335 SW 24TH STREET
Add			MIAMI FL 33165
Remove			
2) Change	DP	MANUEL RODRIGUEZ	9355 SW 24TH STREET
X Add			MIAMI FL 33165
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
A	
I an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	08/15/2024	
The date of each amendment(s) adoptidate this document was signed.	on:	_, if other than the
Effective date <u>if applicable</u> : 08/15/20		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and s	shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
must he separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	2024 AUG 19
	ne amendment(s) was/were sufficient for approval	
by N/A	· · · · · · · · · · · · · · · · · · ·	19
DatedSignature	r, president or other officer – if directors or officers have not been	AUG 19 AN 7:42
	an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fic	duciary by that fiduciary)	
MAX	KIMO HERNANDEZ	
	(Typed or printed name of person signing)	
VICI	EPRESIDENT	

(Title of person signing)