P0600131162-

| (Red | uestor's Name) | |
|---------------------------|-------------------|----------------|
| | | |
| (Add | ress) | |
| | | |
| <u> </u> | Iress) | . |
| (Add | 11655) | |
| | | |
| (City | //State/Zip/Phone | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL - |
| | | |
| /Pus | iness Entity Nan | 20) |
| (Dus | siness chary man | iie) |
| | | |
| (Doc | cument Number) | · - |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500244559045



02/26/13--01011--001 **35.00



DR 3/1/13

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | IATION: MT POOL | DISTRIBUT | OR, INC. |
|--------------------------|---|--|--|
| DOCUMENT NUME | BER: | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Orlando Delga | | |
| | | Name of Contact Person | n |
| | Delgado Ziege | nhirt, Esq. | |
| · | | Firm/ Company | |
| | 150 Alhambra | Circle, Suite 7 | ⁷ 15 |
| | | Address | |
| | Coral Gables, I | Florida 33134 | |
| • | | City/ State and Zip Cod | e |
| info | omtpooldistribu | tor com | |
| 11110 | | sed for future annual report | notification) |
| | 4 ((| · · · · · · · · · · · · · · · · · · · | , |
| For further information | concerning this matter, pleas | se call: | |
| Orlando De | lgado, Esq. | at (305 | 443-7800 de & Daytime Telephone Number |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mai</u> | ling Address | | Address |
| | ndment Section | | Iment Section |
| | sion of Corporations Box 6327 | | on of Corporations Building |
| | hassee, FL 32314 | | ixecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation FILED of

| | MT PC | OL DIS | TRIBUT | COR. | INC. |
|--|-------|--------|--------|------|------|
|--|-------|--------|--------|------|------|

2019 FFR 26 PM 4: 52

| (Name of Corporation as | currently filed with the Florida De | ept, of State) AF STATE | |
|--|---|---|------------------|
| | TĂ | LLAHASSEE, FLORIDA | |
| (Docume | nt Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this <i>Florida F</i> | Profit Corporation adopts the following | g amendment(s) t |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "Co". A | | |
| B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u> | | | , |
| | | | |
| | <u></u> | | |
| C. Enter new mailing address, if applications and address MAY BE A POST | | | |
| (Muning unuress MAT BE A FOS) | UTFICE BUX) | | |
| | | | |
| | | | |
| D. If amending the registered agent ar | | orida, enter the name of the | |
| new registered agent and/or the new | w registered office address: Adriana Lozada | | |
| Name of New Registered Agent | | - L | |
| | 7400 S.W. 41 Stre | | |
| | (Florida street addres | · | |
| New Registered Office Address: | (City) | Florida 33155 | |
| | (// | , -, | |
| | | | |
| Very Degistered Agent's Signature if a | hanging Registered Agent: | | |
| | ered agent. I am familiar with and a | accept the obligations of the position. | |
| hereby accept the appointment as regist | gred agent. I am familiar with and a | accept the obligations of the position. | |

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.

| X_Change | <u>PT</u> <u>Joh</u> | n Doe | |
|----------------------------|-----------------------|-------------------|----------------------|
| X Remove | Y Mil | Mike Jones | |
| <u>X</u> Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PTDS | Norberto F. Moran | 14231 S.W. 161 Place |
| Add | | | Miami, Florida 33196 |
| X Remove | | | |
| 2) Change | PTDS | Adriana Lozada | 3792 S.W. 136 Avenue |
| X Add | . | | Miami, Florida 33175 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | ··· |
| Remove | | | |
| 5) Change | | | |
| Add | <u>.</u> | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | · |
| Remove | | | |

| If amending or adding additional Arti | icles, enter change(s) here: |
|---|--|
| (Attach additional sheets, if necessary). | (Be specific) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amandment provides for an evol | sange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) ac | 10ption: 02/13/13 |
|---|--|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | proved by the shareholders through voting groups. The following statement 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) |
| | (voting group) |
| ☐ The amendment(s) was/were ado action was not required. | opted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated 02/20 | /13 |
| setection | tector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | Norberto F. Moran |
| • | (Typed or printed name of person signing) |
| | President, Treasurer, Director and Secretary |

....

(Title of person signing)