Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003817323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TPBS CORP

Account Number : I20190000112

: (786)389-2779

Fax Number

: (305)356-3688

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:tpbscorp@tpbsgroup.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MGO TRANS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

DEC () , 2020

H200003817323

## Articles of Amendment to Articles of Incorporation of

MGO TRANS CORP			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P20000083741			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing an	nendment(s
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	inpany," or "incorporated" or the abbi professional corporation name must	Th reviation "( contain th	Corv"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<del></del>
C. Enter new mailing address, if applicable; (Mulling address MAY BE A POST OFFICE BOX)			2624 DF1
D. If amending the registered agent and/or registered office addre		<u>;;,                                   </u>	-3 PH
new registered agent and/or the new registered office address:			
Name of New Registered Agent		_	
(Florida stree	(outlress)		
New Registered Office Address:	rt		
	, Florida ((y)	(Zip Code)	<del></del>
New Registered Agent's Signiture, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the posi	ition,	
Signature of New Reg	istered Agent, if changing		
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	, F.S.		

H200003817323

## H200003817323

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MAYKEL J FABREGA FERRER	8848 MACARTHUR CT S
Add X Remove			JACKSONVILLE, FL 32216
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

		LL 500003813353
If amending or adding additional Arti	icles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
		<del></del>
	<del></del>	
	<del>-</del>	
		_
		<del>-</del>
·		
		<del> </del>
<del></del>		
If an amendment provides for an exch	ange, reclassification, or cancella	tion of issued shares.
provisions for implementing the ame (If not applicable, indicate N/A)	nament it not contained in the an	nenament ((Sei):
(y not apprecione, minerale toss)		
	<u> </u>	
		<del></del>
<del> </del>		
		······································
		_
	<b>T</b>	<del></del>

H20000 3817323

The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	g stalement 1(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
Dated//_Signature	102/2020	
(By a c	director, president or other officer - if directors or officers have need, by an incorporator - if in the hands of a receiver, trustee, or other officers by that fiduciary)	ot been ther court
	MIGUEL A RODRIGUEZ CAMEJO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	