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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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L.A.

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $M \not\in N$ DOCUMENT NUMBER: $L/7000$	1 rans portors, LLC
The enclosed Articles of Amendment and fee are submitted	ed for filing.
191 & M 238 SW Madwy Maystranso	interfollowing: Alexa , Mays anc of Contact Person Firm/ Company Address 32340 ty/ State and Zip Code Total Company Total Code To
For further information concerning this matter, please cal	l:
Malcolm R. Mays Name of Contact Person;	at (104) 3/4-2487 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:
Certificate of Status (/	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

MEN Transpo	orters LL-C1 2150
(Name of Corporation as currently	filed with the Florida Dept. of State)
7.17 <i>00</i> 0021//	2
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association." or the abbreviation "P.A."	The new ompany or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Madison, 7L32340
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	238 SW Hancock Ave Madison, 7L 32340
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Chack if annicable	

☐ 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>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title	Lavetra S. Mays	Address 238 SW Hencock Ave Madison, 41 32340
Remove 2)Change		Kevin McQuay	
Add Remove Change Add			
Remove 4)ChangeAdd			
Remove 5)ChangeAdd			
Remove 6) Change			
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Re specific)		
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	14.		<u>, , , , , , , , , , , , , , , , , , , </u>
			
			
f an amendment provides for an exch	ange, reclassification, or	cancellation of issue	d shares,
provisions for implementing the ame	ndment if not contained i	n the amendment its	self:
(if not applicable, indicate N/A)			
NA		· · · · · · · · · · · · · · · · · · ·	
/			
			
		<u> </u>	
			<u> </u>

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The date of each amendment(s) adoption:	, if other than 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 document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
□ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ı1(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 10-07-2020	
Signature Malcolm Mays	
(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 co appointed fiduciary by that fiduciary)	urt
Ma/co/m $Ma V 5$	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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