## P03000065785

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SECRETARY OF STATE SALLAHASSEE, FLORE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: M & L CARF	RIERS INC	
DOCUMENT NU	JMBER: P03000065785		
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
PEI	RMIT DEPARTMENT		· 
,	(Name	of Contact Person)	
SIM	MPLEX GROUP		
	(Fi	rm/ Company)	
, THI	E SIMPLEX BLDG 5800 N	W 74TH AVENUE	
		(Address)	
MIA	MI, FL 33166		
<u></u>	(City/S	tate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
PERMIT DEPAR		at (305)_599-82	
(Nam	ne of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a chec	k for the following amount:		
□\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## **Articles of Amendment** to **Articles of Incorporation**

of

M & L CARRIERS INC	
(Name of corporation as currently filed with the Florida Dept. of State)	DEC -
P03000065785	S772 6
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> adopts the following amendment(s) to its Articles of Incorporation:	orposition &
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc (A professional corporation must contain the word "chartered", "professional association," or the abbreviation	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Artic and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	le Number(s)
PRINCIPAL ANG MAILING ADDRESS: CHANGE AS 400 SW 58 AVE MIAMI	, FL 33144
REGISTERED AGENT NAME & ADDRESS: CHANGE ADDRESS AS 400 SW 58 AVE MIAM	/II, FL 33144
OFFICER/DIRECTOR DETAIL: CHANGE ADDRESS AS 400 SW 58 AVE MIAM	I, FL 33144
· · · · · · · · · · · · · · · · · · ·	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shafor implementing the amendment if not contained in the amendment itself: (if not applied to the amendment itself) of the amendment itself is the amendment itself in the amendment itself.	
	<del></del>
	<del></del>

(continued)

The date of each amendment(s) adoption: 12/3/97
Effective date if applicable: 12/3/5 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  //-30-07  (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)
Luis Alonso (Typed or printed name of person signing)
(Typed or printed name of person signing)
tresident
(Title of person signing)

FILING FEE: \$35