P05000027701

(Re	questor's Name)	
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(Ad	dress)	
(A d	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phone	= #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MVR TRUCKING INC		
OOCUMENT NUMBER:	P05000027701		
The enclosed Articles of Amendm	ent and fee are submitted	for filing.	
Please return all correspondence co	oncerning this matter to th	e following:	
	YA)	MA ALMARALE	S
	Namo	of Contact Person	
		irm/ Company	
		07 ASH AVE	
		Address	
	TA	MPA FL 33619	
-	City/	State and Zip Code	;
	businessath	ome3009@gmail.c	om
E-mail	address: (to be used for fu	iture annual report	notification)
or further information concerning	3 this matter, please call:		
YAIMA ALMARALES		_ at (813	420-0252
Name of Contact P	erson		de & Daytime Telephone Number
Enclosed is a check for the following	ing amount made payable	to the Florida Depa	ertment of State:
-	ficate of Status Cert (Add	i.75 Filing Fee & tiffed Copy litional copy is losed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassec, FL	ction corations	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as o	urrently filed with the Flo	rida Dept. of State)	
05000027701			
(Document No	imber of Corporation (if kno	own)	
ursuant to the provisions of section 607.1006, Florida Statut s Articles of Incorporation:	es, this Florida Profit Corp	oration adopts the following	ig amendment(s)
. If amending name, enter the new name of the corpora	tion:		
1/A			The new
ame must be distinguishable and contain the word "corporal Inc.," or Co," or the designation "Corp," "Inc," or " chartered," "professional association," or the abbreviation	Co". A professional corp	porated" or the abbreviati oration name must conta	on "Corp.," in the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS			<u></u>
rincipal office address MOST BY ASTREET ADDRESS	. <i>)</i>		1.
			-
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
		<u></u>	
			
D. If amending the registered agent and/or registered off	ice address in Florida, ent	er the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent N/A			_
	lorida street address)		_
New Registered Office Address:		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	d Agent:	abligations of the position	

Signature of New Registered Agent, if changing

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)

Example:

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.

\underline{X} Change	PT	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{y}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	· 	Carlos Efren Ametller Montalvan	1708 W HANNA AVE
Add				TAMPA FL 33604.
X Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			****	· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change		_		
Add	-			

ttach additional sheets, if necessary).	(Re specific)
	
 	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· _ ·	
	

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 block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this dant of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment (for approval.	(s)
☐ The amendment(s) was/were approved be must be separately provided for each vo	by the shareholders through voting groups. The following statemoting group entitled to vote separately on the amendment(s):	eni
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
10/08/20 Dated		
Signature G	nanzal	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other couciary by that fiduciary)	
••	ALMANZA	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	