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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: MNTTRUCKIN	IG INC	
DOCUMENT N	DOSOOOLOOOTO		
The enclosed Art	icles of Amendment and fee are so	ubmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	MIGUEL RIVERA		
		Name of Contact Person	n
	M N T TRUCKING INC		
		Firm/ Company	
	112 BURRELL CIR		
		Address	
	KISSIMMEE FL 34744		
		City/ State and Zip Cod	e
	RTAYLOR@TAYLORANI	OBONDTAX.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea		433, 4348
Na Na	me of Contact Person	at (de & Daytime Telephone Number
	k for the following amount made		
S35 Filing Fe	e \$\sums\$	S43.75 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 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

	Articles of Incorporation
	of
M N T TRUCKING INC	
	(Name of Corporation as currently filed with the Florida Dept. of State
P5000129922	
	(Document Number of Corporation (if known)
Pursuant to the provisions o its Articles of Incorporation	f section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the
A. If amending name, ent-	er the new name of the corporation:

. If amending name, enter the new name of	the corporation:			
			The new	٠,٠
ume must be distinguishable and contain the wo Inc.," or Co.," or the designation "Corp." chartered," "professional association." or the	"Inc." or "Co" A professional com	prporated" or the aboveration name mus.	1	
Enter new principal office address, if appli Principal office address <u>MUST BE A STREE</u> 1	icable:	·		
			70.7	
			00 8	CH.
Enter new mailing address, if applicable:			٦ -	
(Mailing address MAY BE A POST OFFIC	<u>(E BOX</u>)		<u> </u>	
			AH 8:	
	<u></u> .		ည ထဲ	
If amending the registered agent and/or re	gistered office address in Florida and		යා	
new registered agent and/or the new regist	ered office address:	er the name of the		
Name of New Registered Agent				
				
	(Florida street 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 with and accept the obligations 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)

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:

A_Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	PD	LETICIA RIVERA	112 BURRELL CIR
Add X _			KISSIMMEE FL 34744
Remove			
2) X Change	P	MIGUEL RIVERA	112 BURRELL CIR
Add			KISSIMMEE FL 34744
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding attach additional sheets,	if necessary	(Re specific)	c(3) nere:		
,	y 110000001/y).	(De specific)			
					
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nn amendment provid	es for an excha	inge, reclassificat	ion, or cancellat	<u>ion of issued sha</u>	res,
ovisions for impleme (if not applicable, in	dicate N/A)	dinent it not con	tained in the am	endment itself:	
11					
				·	<u> </u>
					
				· · · · · · · · · · · · · · · · · · ·	
·					

The date of each amendment(s date this document was signed.	e) adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
09/15/2 Dated Signature	1,400
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	LETICIA RIVERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)