

P07000117900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

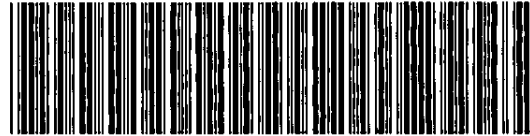
(Business Entity Name)

(Document Number)

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Amend.  
01-17-14

De

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **METAL MOVER INC.**

DOCUMENT NUMBER: **P07000117900**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MUSHTAQ MIAN**

Name of Contact Person

Firm/ Company

**6700 NW 32nd AVENUE**

Address

**MIAMI, FL 33147**

City/ State and Zip Code

**mianmushtaq11@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MUSHTAQ MIAN**

Name of Contact Person

at ( **954** ) **7735373**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

METAL MOVER INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000117900

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

6700 NW 32 AVENUE  
MIAMI, FL 33147

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

6700 NW 32 AVENUE  
MIAMI, FL 33147

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

6700 NW 32 AVENUE

(Florida street address)

New Registered Office Address: MIAMI, Florida 33147  
(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

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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                             |                              |
|--|----------|-----------------------------|------------------------------|
| 1) <input type="checkbox"/> Change         | <u>D</u> | <u>MUSHTAQ MIAN</u>         | <u>3177 NW NORTH RIVER D</u> |
| <input type="checkbox"/> Add               |          |                             | <u>MIAMI, FL 33142</u>       |
| <input checked="" type="checkbox"/> Remove |          |                             |                              |
| 2) <input type="checkbox"/> Change         | <u>D</u> | <u>JOAN A. BARRIOS CRUZ</u> | <u>3177 NW NORTH RIVER D</u> |
| <input checked="" type="checkbox"/> Add    |          |                             | <u>MIAMI, FL 33142</u>       |
| <input type="checkbox"/> Remove            |          |                             |                              |
| 3) <input type="checkbox"/> Change         |          |                             |                              |
| <input type="checkbox"/> Add               |          |                             |                              |
| <input type="checkbox"/> Remove            |          |                             |                              |
| 4) <input type="checkbox"/> Change         |          |                             |                              |
| <input type="checkbox"/> Add               |          |                             |                              |
| <input type="checkbox"/> Remove            |          |                             |                              |
| 5) <input type="checkbox"/> Change         |          |                             |                              |
| <input type="checkbox"/> Add               |          |                             |                              |
| <input type="checkbox"/> Remove            |          |                             |                              |
| 6) <input type="checkbox"/> Change         |          |                             |                              |
| <input type="checkbox"/> Add               |          |                             |                              |
| <input type="checkbox"/> Remove            |          |                             |                              |

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(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: 01/03/2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 01/03/2014

Signature \_\_\_\_\_

(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)

JOAN A. BARRIOS CRUZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)