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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	KOMVOI MME. (CORPORATION	
DOCUMENT NUMI	P10000024577		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Vicente Solis		
	Komvoi MME, Corporation	Name of Contact Person	1
	1137 99th St.	Firm/ Company	
	Bay Harbor Is, FL 33154	Address	
		City/ State and Zip Code	e
vicen	te.solis@komvoimme.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Vicente Solis		305 at (9787601 }
Name (of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

of

KO.	MVOL	MMF	CORPO)RAT	ЮN

(Name of Corporation as currently	filed with the Florida Dept. of	State)
P10000024577		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:	lorida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A	Δ,	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P	o". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
	7	
		2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	THE PERSON OF TH
		- T
		<u>工</u> 。
		- 11 3 -
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of	<u>f the</u>
new registered agent and/or the new registered office address:		
Name of New Registered Agent	N/A	<u></u>
(Florida stree	t address)	
New Registered Office Address: V	Ι.Δ.	orida (Zip Code)

4

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIA FERNANDA TERRAZAS-	1137 99TH ST
X Add			BAY HARBOR IS, FL 33154
Remove			.
2) Change	NIA	N/A	N/A
Add			
Remove	1.10	. 175	
3) Change	NA	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	NIA
Add			
Remove			

					_
_		N/A			
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•	-	·	· •		
					
provisions for imp	rovides for an excha dementing the amen ble, indicate N/A)	ange, reclassification idment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
				<u> </u>	
					

	adoption:	, if other than the
date this document was signed.	01/01/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ıt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	adopted by the incorporators without shareholder action and shareholder	
02/10/ Dated	2019	
C	The state of the s	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporato – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	VICENTE SOLIS	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(Title of person signing)	