

09/20/2013 08:58 FAX 3056400282

LAXMY'S CARRIER

002/001

Division of Corporations

Page 1 of 1

P10000058505

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000209324 3)))



H130002093243ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : 120040000007  
Phone : (305)640-0281  
Fax Number : (305)640-0282

13 SEP 20 PM 3:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LAXMY C 2001@yahoo.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
M I F TRUCKING CORP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M I F TRUCKING CORPDOCUMENT NUMBER: P10000058505The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA I FIGUEREDO

Name of Contact Person

M I F TRUCKING CORP

Firm/ Company

6860 SW 26TH ST

Address

MIRAMAR FL 33023

City/ State and Zip Code

LAXMYC2001@YAHOO.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

Name of Contact Person

at ( 305 ) 640-0281

Area Code &amp; 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

09/20/2013 01:58 FAX 3056400282

LAXMY'S CARRIER

001/007

850-617-6381

9/20/2013 2:28:26 PM PAGE

1/001

FAX DELIVER



September 20, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M I F TRUCKING CORP  
1011 N 71ST TERRA  
HOLLYWOOD, FL 33024US

SUBJECT: M I F TRUCKING CORP  
REF: P10000058505

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct the document number on the first page of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H13000209324  
Letter Number: 613A00022210

RECEIVED  
13 SEP 20 PM 4:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

**M I F TRUCKING CORP**

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

**P10000058505**

(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)

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

**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

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
13 SEP 20 PM 3:45

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title    | Name                   | Address                |
|--------------------------------------------|----------|------------------------|------------------------|
| 1) <input type="checkbox"/> Change         | <u>V</u> | <u>RAYSAN CEBALLOS</u> | <u>6860 SW 26TH ST</u> |
| <input type="checkbox"/> Add               |          |                        | <u>MIRAMAR</u>         |
| <input checked="" type="checkbox"/> Remove |          |                        | <u>FL 33024</u>        |
| 2) <input type="checkbox"/> Change         |          |                        |                        |
| <input type="checkbox"/> Add               |          |                        |                        |
| <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            |          |                        |                        |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

[illegible]

8. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.  
(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 09/19/2013, If other than the date this document was signed.

Effective date if applicable: 09/19/2013  
(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 09/19/2013

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)

**MARIA I FIGUEREDO**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)