

P10000073280

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KV CARRIER SERVICES, INC.
Account Number : I20080000029
Phone : (305) 883-6262
Fax Number : (305) 883-6605

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
M D S LOGISTIC INC**

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AND
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Ames
9/23/2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M D S LOGISTIC INC

DOCUMENT NUMBER: P10000073280

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

Please return all correspondence concerning this matter to the following:

OLGA MORGADO

(Name of Contact Person)

KV CARRIER SERVICES INC

(Firm/ Company)

11790 NW SOUTH RIVER DR

(Address)

MEDLEY, FLORIDA 33178

(City/ State and Zip Code)

KVCARRIERSERIVCES@GMAIL.COM

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

For further information concerning this matter, please call:

OLGA MORGADO

(Name of Contact Person)

at (305) 883-6262

(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

M D S LOGISTIC INC

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

P10000073280

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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

546 NW 8 STREET

HOMESTEAD, FLORIDA 33030

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

546 NW 8 STREET

HOMESTEAD, FLORIDA 33030

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:

MARGARITO DE SANTIAGO

546 NW 8 STREET

New Registered Office Address:

(Florida street address)

HOMESTEAD

(City)

Florida 33030

(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.

Margarito de Santiago

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>VICTORIA DE SANTIAGO</u>	<u>546 NW 8 STREET</u> <u>HOMESTEAD, FLORIDA 33030</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>MARGARITO DE SANTIAGO</u>	<u>546 NW 8 STREET</u> <u>HOMESTEAD, FLORIDA 33030</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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)

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	MARGARITO DE SANTIAGO	546 NW 8 STREET HOMESTEAD, FLORIDA 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	VICTORIA DE SANTIAGO	546 NW 8 STREET HOMESTEAD, FLORIDA 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

[illegible]

The date of each amendment(s) adoption: 09/23/2010

(date of adoption is required)

Effective date if applicable: 09/23/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated SEPTEMBER 23, 2010

Signature

Margarito De Santiago

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Margarito De Santiago.

(Typed or printed name of person signing)

President.

(Title of person signing)