P12000018607

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		s of Status
Special Instructions to		
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: M M TRUC	KING SERVICE	SINC
DOCUMENT NUMBE	D1200001960		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspondent	ondence concerning this mat	tter to the following:	
N	MIGUEL MONZO	N	
<u> </u>	И M TRUCKING	Name of Contact Person SERVICES INC	
_		Firm/ Company	
	260 NW 79 AVE	AP 2-B	
N	MIAMI FL 33166	Address	
-		City/ State and Zip Code	2
ma	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
MIGUEL MON	IZON	at (305	, 764-2790
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	irtment 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)
	ng Address		Address
	dment Section on of Corporations	Amendment Section Division of Corporations	
P.O. E	ox 6327	Clifton	Building
Tallah	assee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2012

MIGUEL MONZON M M TRUCKING SERVICES INC 4260 NW 79 AVE - AP C-B MIAMI, FL 33166

SUBJECT: M M TRUCKING SERVICES INC

Ref. Number: P12000018607

We have received your document for M M TRUCKING SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box in the space provided regarding the adoption.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 912A00017989



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2012

MIGUEL MONZON M M TRUCKING SERVICES INC 4260 NW 79 AVE - AP 2-B MIAMI, FL 33166

SUBJECT: M M TRUCKING SERVICES INC

Ref. Number: P12000018607

We have received your document for M M TRUCKING SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

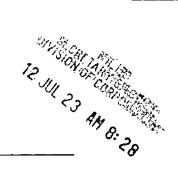
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 012A00017009

Articles of Amendment to \ Articles of Incorporation of



M M TRUCKING SERVICES INC

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

P12000018607			
(Document	Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. <u>If amending name, enter the new na</u> N/A	me of the corporation:		
name must be distinguishable and conto	ation "Corp." "Inc." or '	on," "company," or "incorporated" or the ai "Co". A professional corporation name must o "P.A."	
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST C</u>		N/A	
D. If amending the registered agent and new registered agent and/or the new	registered office address		
Name of New Registered Agent	N/A		
	•	reet address)	
New Registered Office Address:	N/A (City,	, Florida	-
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		<u>t:</u> 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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	VP	MARIA T BRAVO RODRIGUEZ	4260 NW 75 AVENUE 9 2- E
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<u></u>		
6) Change Add Remove			

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
I/A	
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
HE 100 SHARES AS VA	ALUE \$ 1.00: 50% MIGUEL MONZON
	50% MARIA T BRAVO R.

The date of each amendment(s) a	doption: JUNE 13, 2012
Effective date if applicable:	IN E 13, 2012
Filective Care it abbitcame:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	opted by the sharcholders. The number of votes cast for the amendment(s) ufficient for approval.
The amondment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach 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)
action was not required.	opted by the board of directors without shareholder action and shareholder
Dated JUNE	13,2012
(By a c	director, president or other officer - If directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court officer by that fiduciary)
	MIGUEL MONZON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of negon cioning)