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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2018 AUG 2 3 PH 6
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	21/18



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ____

P13000009818 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

EDVIN PRIFTI

Name of Contact Person

MDD TRUCKING INC

4474 HUNTER HAVEN LANE

F Address

Firm/ Company

JACKSONVILLE, FL 32224

City/ State and Zip Code

NAGDAY@AOL.COM

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

For further information concerning this matter, please call:

at (_____ **EDVIN PRIFTI** 535-9534 Name of Contact Person 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

□S43.75 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

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

Street Address



Articles of Amendment
to
Articles of Incorporation
of

TAN DE L'UN

2010 AUG 23 PM 12: 90

The new

MDD TRUCKING INC

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

P1300009818

(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:

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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

4474 HUNTER HAVEN LANE	E
JACKSONVILLE, FL 32224	

____, Florida_

4474 HUNTER HAVEN LANE

JACKSONVILLE, FL 32224

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:

(Cine)

(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 = ChiefExecutive 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:

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<u>X</u> Change	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
<u>X</u> Add	<u>SV</u>	Satty Smith		
Type of Action (Check One)	Title	Name	Address	
I) Change	S		2159 OAK TRAIL LN	
X Add			FLEMING ISLAND, FL 32003	
Remove				
21 Change			<u></u>	
Add				
Remove				
3.1 Change		<u> </u>		
Add				
Remove				
4) Change	<u></u>			
Add				
Remove				
57 Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:

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

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Please keep the same tax ID (EIN Number) under the certificate of status which is 46-1924781

.... _____ F. 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) _____ ____ _____ _____

	08/20/2018	for the terms the
The date of each amendment(s) adoption date this document was signed.	M:	, if other than the
08/20/20	18	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date when the State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficies	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	I by the shareholders through voting groups. <i>The following statement</i> voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
08/20/2018	<i></i>	
Dated		
\mathcal{C}		
Signature	- mp	
	r, president or other officer - if directors or officers have not been	
	an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fie	duciary by that fiduciary)	
EDV	IN PRIFTI	
	(Typed or printed name of person signing)	
PRE	SIDENT	

. . . .

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(Title of person signing)