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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MLD HIE	H QUALIT	y TRAI	NSPORTATION INC
DOCUMENT NUMBE	r: <u>11300007</u>	74757	 -	
The enclosed Articles of	Amendment and fee are sub	bmitted for filing.		
Please return all correspo	ndence concerning this mat	tter to the following	g:	
	HALLYCIA	NE PERE	IRA PA	lssos
		Name of Contac	et Person	
	Firm/ Company			
	2399 DONGOLA ST			
	2399 DONGOLA ST Address North Port - FL 34291			
_	NOTEN POTE	City/ State and 2		
		City/ State and 2	cip Code	
	MDLHIGH QUAL E-mail address: (to be us	ity@HOTM	AIL·C	MC
	E-mail address: (to be us	ed for future annua	il report noti	fication)
For further information c	oncerning this matter, pleas	se call:		
HALLYCIANE	PASSOS	at (941	786 - 298 7 Daytime Telephone Number
Name of	Contact Person	,	Area Code &	Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Flori	ida Departm	ent of State:
X \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Certified Copy (Additional copenclosed)	,	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address		Street Add	
	Iment Section of Corporations	Amendment Section Division of Corporations		
			e of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

		SPORIATION		
_		filed with the Florida I	Jept. of State)	
P(300074 (Docum	<u> </u>	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:		• , , ,	n adopts the foll	owing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
MDL HIGH QUALIT		SPORTATION	U INC	The new
name must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc. 'chartered," "professional association," or the abbre	orporation," "co. " or "Co". A _l	mpany," or "incorporat	ed" or the abbre	viation "Corp.,"
3. Enter new principal office address, if applicable	<u>e:</u>			
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	<u> </u>		
				20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)			
(maining data ess (<u>may 122 11 100) 101 11 12 20</u>	<u></u>			
		N/1	 -	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		ss in Florida, enter the	name of the	3. 9
Name of New Registered Agent				
	NA			
	(Florida stree	t address)		
New Registered Office Address:	<u>-</u>		, Florida	
	(C	Ίψ)		(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:			
hereby accept the appointment as registered agent.		h and accept the obliga	tions of the posit	ion.
	N/A			
Sign	ature of New Reg	istered Agent, if changi	ng	
o	,	i. , , , , , , , , , , , , , , , , , , ,	• •	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		$-\frac{NA}{}$	
Add			
Remove		NI	
2) Change			
Add			
Remove Change		MA	
Add			
Remove		MA	
4) Change		- / / /	
Add			
Remove		. 7	
5) Change		N/A	
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
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<u>f an amendmer</u>	t provides for an exch	ange, reclassifica	<u>ation, or cancella</u>	tion of issued shar	<u>es.</u>
provisions for i	mplementing the amer cable, indicate N/A)	<u>ndment if not co</u>	ntained in the an	iendment itself:	
(ij noi appin					
	N/A	····			
	· · · · · ·				
·		-·· -			

The date of each amendment(s) adoption date this document was signed.	:Ju/y 31,2020	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requiremen nt of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the am for approval.	nendment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amendment	==:
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 7/31 / Signature <u> </u>	12020	
(By a director, selected, by an	president or other officer – if directors or officers have incorporator – if in the hands of a receiver, trustee, or ciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	