

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P14000072585**

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.

(((H14000072585 3)))



H14000072585-EC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
MG CONSULTING & LABOR INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

C. LEWIS
APR 2 2014
EXAMINER

APPROVED
AND
FILED

14 APR -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2ND REQUEST

02/11/2032 01:17

Mar: 25, 2014 4:34PM

BEN'S

H14000072585

Articles of Amendment
to
Articles of Incorporation
of

APPROVED
AND
FILED

#1500 P.003/006

No. 93/8

P. 2/5

14 APR - 1 *AM 11:10*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MG CONSULTING & LABOR INC

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

P14000012987

(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:

LG TRANSPORTING & LABOR INC

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)

LUIS GARCIA

6898 W 30 Ct

Hialeah, FL 33018

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 LUIS GARCIA

6898 W 30 Ct

(Florida street address)

New Registered Office Address: Hialeah, Florida 33018

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent, am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H14000072585

02/11/2032 01:17

Mar. 25. 2014 4:34PM

H140000/2585

#1500 P.004/006
No. 9378 P. 3/5

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 Y Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-------|-----------------------|-------------------|
| 1) <input type="checkbox"/> Change | P | GARCIA SILVA, MARIA C | 6898 W 30 Ct |
| <input type="checkbox"/> Add | | | Hialeah, FL 33018 |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | P | GARCIA, LUIS | 6898 W 30 Ct |
| <input checked="" type="checkbox"/> Add | | | Hialeah, FL 33018 |
| <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 | | | |

H14000072585

Mar. 25. 2014 4:34PM

No. 93/8 P. 4/5

H14000072585

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

1

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)

[illegible]

H14000072535

02/11/2032 01:17

#1500 P.006/006

Mar. 25. 2014 4:34PM

BEN'S PAINT DELAND 386-738-9325

No. 9378 P. 5/5

H14000072585

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 3/31/14
(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 3/31/14

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)

LUIS GARCIA

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR - 1 AM 11:10

APPROVED
AND
FILED

H14000072585