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SECONDATIONS IN SELECTION OF THE SECONDATION OF THE SECONDATION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MC BLESSED TE	RANSPORTATION SERV	ICES, INC.
DOCUMENT NUM	P14000051502		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Joseph N. Perlman, Esquire		
		Name of Contact Perso	n
		Firm/ Company	
	1101 Belcher Road S., Ste. E	3	
		Address	
	Largo, FL 33771		
		City/ State and Zip Cod	e
Sadi	e@PerlmanLawfirm.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number
	or the following amount made		
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ı	M	C	R!	FSS	ED.	TRA	NSPO)RTA	TION	SERVICES.	INC
ı			131.	الدلحاد	/	11///	1131	21X 1 7		JUIN 10 100.	1110.

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P14000051502	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation :" or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	14786 SAN MAISALA CT. 1AM/n H. 33626
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALLANDY 15
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	address:
Name of New Registered Agent Med Cl	7116
	86 SAN HARRALA CT.
	And MAS (ula TAM) Florida 33626
,	(City) / (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
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 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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Carmen I. Forestier	221 Lake Brook Circle Unit 108
Add X Remove			Brandon, FL 33511
2) Change	DIR	Mario L. Hernando	221 Lake Brook Circle Unit 108
Add			Brandon, FL 33511
3) Change	P, D	Michael Miller	
X Add Remove			
4) Change			
Add			
5) Change			
Remove			
6) Change			
Add			

	al Articles, enter chan sary). (Be specific)			
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		ar the co		
	n exchange, reclassific	cation, or cancellation	t of issued shares,	
f an amendment provides for a		meanica in the ameno	ment usen.	
provisions for implementing th	√A)			
f an amendment provides for a provisions for implementing the (if not applicable, indicate N	√A)			
provisions for implementing th	V/A)			
provisions for implementing th	V/A)			
provisions for implementing th	v/A)			
provisions for implementing th	∛A)			
provisions for implementing th	š/A)			
provisions for implementing th	v/A)			
provisions for implementing th	v/A)			
f an amendment provides for a provisions for implementing the (if not applicable, indicate N	š/A)			
provisions for implementing th	š/A)			
provisions for implementing th	v/A)			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendme officient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareho	ılder
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	1/1/18	
Signature 🚫		
(By a conselected	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	
	Michael Miller	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	