## PI5WW6313

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JUL 21 2015 R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MPS  DOCUMENT NUMBER: P150	ster Trucking, Corp
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Mas 7180 High	Name of Contact Person  HER TEUCKING CORP  Firm/ Company  W 15 CT  Address  City/ State and Zip Code  City/ State and Zip Code  Code of future annual report notification)
For further information concerning this matter, please	e call
LISA VegA	at (786) 759-2456
Name of Contage Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	sayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

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to Articles of Incorporation 15 JUL 17 AM 9: 40

Mastee Teucking Corp SELAHARI WI SIA

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

P1500008213

(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:

ne must be distinguishable and contain the worp.," "Inc.," or Co.," or the designation "Cod" ("chartered," "professional association," or t	orp," "Inc," or "Co	". A professionai	corporation n	ame must contai
Enter new principal office address, if applica incipal office address <u>MUST BE A STREET A</u>	<u>ble:</u> <i>DDRESS</i> )	7180 HiAl	enh,	5 CT FC
		3	3014	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )			
			·····	
If amending the registered agent and/or registered agent and/or registered agent and/or the new register		s in Florida, enter	the name of th	<u>ne</u>
new registered agent and/or the new register				ne
new registered agent and/or the new register	ed office address:			ne
new registered agent and/or the new register  Name of New Registered Agent	ed office address:			
new registered agent and/or the new register	ed office address:  (Florida street			
new registered agent and/or the new register  Name of New Registered Agent	ed office address:  (Florida street	address)		da

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 Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<u>-</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
-			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary):	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 5/5/15 , if other than the
date this document was signed.
Effective date if applicable: 5/5/15
(no more than \$0 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
hy <sup></sup>
(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
Signature Attanto
(By a director, president or other officer - if directors or officers have not been
selected, by a incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Al la Santa
Nelson Mauriae
(Typed or printed name of person signing)
Hesident

(Title of person signing)