715000010452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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G. CALLOTTIERS

COVER LETTER

TO: Amendment Section Division of Corporations

	EL MAYIM BER: P1500001065		JCKINO	S INC	
	of Amendment and fee are su		ng.		
Please return all corre	Please return all correspondence concerning this matter to the following:				
	JOSE MEJIA				
		Name of Co	ontact Persor	1	
	EL MAYIMBRE T	RUCKIN	IG INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ (Company		
	573 KOALA DR				
		Ad	dress		
	KISSIMMEE FL 3	34759			
		City/ State	and Zip Code	e	
ios	emejia1133@gma	ail.com			
<u></u>	E-mail address: (to be us		nnual report	notification)	
	·		•	,	
For further informatio	n concerning this matter, pleas	se call:			
JOSE G MEJIA		at (646	474-5177 de & Daytime Telephone Number	
Name	of Contact Person		Area Co	de & 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	□\$43.75 Fil Certified ((Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Div	ling Address endment Section sion of Corporations	Street Address Amendment Section Division of Corporations		ment Section n of Corporations	
	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
1 an	unusco, 115 52514	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

EL MAYIMBRE TRUCKING INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P15000010652		
(Document Number of Corporation (if	known)	E 13
Pursuant to the provisions of section 607.1006, Florida Statutes, this F	Torida Profit Corporation adopts	the following amendment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
EL MAYIMBE TRUCKING INC		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Frincipal office address most be A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		 .
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of	the
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of to	he position
Thereby accept the appointment as registered agent. Tumfammar w	m and decept the congulation of the	re position.
OL AND DESCRIPTION		
Signature of New Registered A	geni, ij cnanging	

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 <math>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	PT	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			
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add Add			
Remove			
4) Change			
Add Remove			
			
5) Change			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
. ,	
If an amendment provides for an exch	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) ad	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 02/10/20	015	
Signature	Sofe Misia	
(By a di	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JOSE G MEJIA	
	(Typed or printed name of person signing)	
	PRESIDENT - INCORPORATOR	
	(Title of person signing)	