P1500002539

	(Requestor's Name)	
	(,	
	(Address)	
	(Address)	
	(C:+ (C+++)(7:+)(D++++++40	
	(City/State/Zip/Phone #)	
		
L PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Business Entity Nume)	
	(Document Number)	
Certified Copies	Certificates of Status	
		
Special Instructions	s to Filing Officer:	
1		

Office Use Only



000272907330

05/21/15--01008--008 **35.00

SECRETARY OF STAME
DIVISION OF CERPERALISH

Amund au.5,15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	_{ATION:} MACTRAI	NS SERVICES (JORP
DOCUMENT NUMB	_{ER:} P1500002253	39	<u> </u>
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
ANA DURAN			
-		Name of Contact Person	n
	MAC TRANS SE	RVICES CORP	
-		Firm/ Company	······································
•	730 NW 219 AVE	Ξ.	
_		Address	
	PEMBROKE PIN	IES, FL 33029	
_		City/ State and Zip Cod	e
N	/ACTRANS15@	HOTMAIL.COM	
		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
ANA DURAN		954	554-8434
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State;
\$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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2015

ANA DURAN MAC TRANS SERVICES CORP 730 NW 219 AVE PEMBROKE PINES, FL 33029

SUBJECT: MAC TRANS SERVICES CORP

Ref. Number: P15000022539

We have received your document for MAC TRANS SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

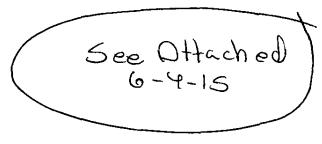
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 215A00011150

IS JUN -5 PHI2: 46



Articles of Amendment to Articles of Incorporation of

MAC TRANS SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000022539	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation 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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WISION OF CH
	PH 2:1
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	the
Name of New Registered Agent Ana L Duran	
730 NW 219 Ave	
(Florida street address)	
New Registered Office Address: Pembroke Pines Florida 330)29
(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	ne position.

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.

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	Р	ALEXANDER COPETE	730 NW 219 AVE
Add			PEMBROKE PINES, FL
Remove			33029
2) Change	Р	ANA L DURAN	730 NW 219 AVE
Add			PEMBROKE PINES, FL
Remove			33029
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

	(Be specific)
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an anger itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption: 03/09/2015	, if other than the
date this document was signed.	_
Effective date if applicable: 03/09/2015	
(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 ANA L DURAN	
(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_05/13/2015	
Signature Ama L. Duran	
(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)	
ANA L DURAN	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	_