## P15000024126

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MB SMART TRANSPORT,	INC	
DOCUMENT NUMBER: P15000024126		
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
ERIKA ARROYAVE		
Name	of Contact Person	n
MB SMART TRANSPORT		
Fig	rm/ Company	
8275 SHADOW WOOD BLVD	in Company	
	Address	
CORAL SPRINGS FL 33071		
City/ S	tate and Zip Cod	e
E-mail address: (to be used for fute For further information concerning this matter, please call:	ure annual report	notification)
ERIKA ARROYAVE	954 at (	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 Depa	artment of State:
Certificate of Status Certif	75 Filing Fee & fied Copy tional copy is used)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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



MB SMART TRANSPORT, INC.

P15000024126  (Name of Corporation as currently f (Document Number of C	filed with the Florida Dept. of State)		
(Document Number of C	;** *		
	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitical Articles of Incorporation:</i>	orida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	6190 WOODLANDS BLVD APT 507		
(Principal office address MUST BE A STREET ADDRESS)	TAMARAC, FL 33319		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6190 WOODLANDS BLVD APT 507 TAMARAC FL 33319		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	<del></del>		
Name of New Registered Agent ARROYAVE, FRANCISCO	·		
6190 WOODLANDS BLVD	APT 507		
	address)		
(Florida street			
(Florida street New Registered Office Address:	, Florida 33319		

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>	Name	<u>Addres</u> s
1) Change	PTS	ERIKA ARROYAVE	8275 SHADOW WOOD BLVD
Add			CORAL SPRINGS , FL 33071
X Remove			
2) Change	PTS	ARROYAVE, FRANCISCO F	6190 WOODLANDS BLVD APT 5
X Add			TAMARAC FL 33319
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change	·- <u>-</u>		
Add			
Remove			
5) Change			_
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, énter change(s) h (Be specific)	<del></del> -		
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an amendment proyides for an exch	ange, reclassification,	or cancellation of i	ssued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not containe	<u>d in the amendmen</u>	<u>t itself:</u>	
	·	<del></del>		
		<del></del>		
<del></del>	<del></del>			

	03/20/2018	
The date of each amendment(s date this document was signed.	adoption:	, 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statems for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	3/20/2018.	
Signature		
By	a director, president or other officer - if directors or officers have not been	
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
app	ointed fiduciary by that fiduciary)	
	ERIKA ARROYAVE	
	(Typed or printed name of person signing)	
	PST	
	(Title of person signing)	