# P15000051945

(Re	equestor's Name)	
(Ad	ldress)	
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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORAT	ion: <u>MAC</u>	arriers inc	<u>)</u>
DOCUMENT NUMBER	. <u>P15000051</u>	945	1.4147.417
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
	nonika m. 1	Algueras	
_		Name of Contact Person	
<u></u>	Mac Carrie	cs INC	
		Firm/ Company	
<u></u>	19844 SW	118 AVP	
	MIGINAL F	L Address	7.
		City/ State and Zip Code	
<u>/M/</u>	chellehigu	eras@hotm	ail.com
	E-mail address: (10 by us	ed for future annual report	nouncation)
For further information co	ncerning this matter, pleas	e call:	
monika tha	renas	at (305	<u> 2447545</u>
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment 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)

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment** to Articles of Incorporation of

FILED

TYNDC PHYYLOYS WICE			1 1 -	
(Name of Corpo	oration as currently file	d with the Florida Dept	of States JUN 30 PM 4	: 53
D15000051945			THE THE THE CONTRACT OF ST	ATE
(D	ocument Number of Corp	oration (if known)	ATA LATASSEE, FLU	सिंग
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Flori</i>	da Profit Corporation ad	opts the following affiendmen	评的 it(s) to
A. If amending name, enter the new name of t	he corporation:			
NVA.			The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation tion name must contain the	
B. Enter new principal office address, if applic	cable:	WZ NUSPI	113 114	
(Principal office address <u>MUST BE A STREET</u>		Miami	12 33177	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <b>BOX</b> )	N/A		
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the nan	ne of the	
Name of New Registered Agent	<u> </u>		<del></del>	
<del></del>	(Florida street aa	ldress)	<del></del>	
New Registered Office Address:	<i>(C)</i>		Florida	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	(City)  Registered Agent:  ent. I am familiar with a		(Zip Code) s of the position.	
	NA			
· · · · · · · · · · · · · · · · · · ·	Signature of New Regist	ered Agent, if changing	Michigan Company	

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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	Name Carlos alberto Paredis Reggiardo	Address  1984 SW 118 AVP.  MIGMI TZ 3317
2) Change Add			
Remove 3) Change Add Remove	***************************************	·	
4) Change Add	<del></del>		
Remove  Change Add			
Remove 6) Change Add			
Demove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets; if necessary). (Be specific)
as listed on #1 we need to edit
Carlos A Paredes to his full name:
Carlos Alberto Paredes Reggiardo
J)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) adoption:, if other date this document was signed.	than the
, T. 1 . 1	
Effective date if applicable: NOW AS POSSIBLE (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	d as the
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"	
(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 June 21 do 15. Signature	
(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)	
Menka Hanceras.	
(Typed or printed name of person signing)	
γφ.	
(Title of person signing)	