

11/2/2015 MON 7:18 FAX
11/19/2015

2015/0005

P15000058316

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

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NOV 24 PM 2:46
TALLAHASSEE, FLORIDA
STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cabrera 002 @STU.ATI.EDU

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MARLEN ALLISON TRANSPORTATION INC

Certificate of Status	0
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11/20/2015 9:42:08 AM PAGE 1/001 Fax Server

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November 20, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MARLEN ALLISON TRANSPORTATION INC

3254 WEST 70 STREET

201

HIALEAH, FL 33018

SUBJECT: MARLEN ALLISON TRANSPORTATION INC

REF: P15000058316

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000277001
Letter Number: 715A00024539

15 NOV 24 AM 7:25

P.O BOX 6327 - Tallahassee, Florida 32314

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(H150002710013)

COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: MARLEN ALLISON TRANSPORTATION INCDOCUMENT NUMBER: P15000058316The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Cabrera

Name of Contact Person

Marlen Allison Transportation Inc

Firm/ Company

18520 NW 67th Ave #107

Address

Miami Gardens, FL, 33015.

City/ State and Zip Code

cabrem002@stu.all.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Cabrera

786

483-0489

at ()

Name of Contact Person

Area Code & 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 Filing Fee &
Certified Copy
(Additional copy is
enclosed)☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)Mailing AddressAmendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressAmendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(H150002710013)

(H150002770013)
 Articles of Amendment
 to
 Articles of Incorporation
 of

MARLEN ALLISON TRANSPORTATION INC

2015 NOV 24 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

P15000058316

(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:

A. If amending name, enter the new name of the corporation:

MIAA Transportation Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the 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**)

18520 NW 67th Ave #107

Miami Gardens, FL, 33015.

C. Enter new mailing address, if applicable:(Mailing address **MAY BE A POST OFFICE BOX**)

18520 NW 67th Ave #107

Miami Gardens, FL, 33015.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent

Judith Cabrera

19551 Cypress Ct

(Florida street address).

New Registered Office Address:

Hialeah

(City)

Florida

33015

(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 position.



Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	V	George Ferrer	3254 W 70th St Apt 201 Hialeah, FL, 33018.
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	Judith Cabrera	19551 Cypress Ct Hialeah, FL, 33015.
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

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The date of each amendment(s) 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 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

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.

11/19/15

Dated _____

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)

George Ferrer

(Typed or printed name of person signing)

President

(Title of person signing)

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