## P15 000086078

| (Re                     | questor's Name)   |             |   |
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| (Ad                     | dress)            |             | - |
| ·                       | ·                 |             |   |
| (Ad                     | dress)            |             | _ |
| (C)                     | dCtate MindDhana  | 40          | _ |
| (Cit                    | y/State/Zip/Phone | #)          |   |
| PICK-UP                 | ☐ WAIT            | MAIL        |   |
|                         |                   |             |   |
| (Bu                     | siness Entity Nam | e)          | _ |
| (Do                     | cument Number)    | <del></del> | _ |
| Certified Copies        | _ Certificates    | of Status   | _ |
|                         |                   |             | _ |
| Special Instructions to | Filing Officer:   |             |   |
|                         |                   |             |   |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: TOLEDO M DELI   | VERIES CORP  |  |  |
|-------------------------|---|--|--|--|
| DOCUMENT NUM            | P15000086078  |  |  |  |
| The enclosed Articles   | s of Amendment and fee are su   | bmitted for filing.  |  |  |
| Please return all corre | espondence concerning this ma   | tter to the following:   |  |  |
|                         | Norris Atesiano   |  |  |  |
|                         |   | Name of Contact Persor   | <u> </u>   |  |
|                         | Green Box Tax Services Inc  |  |  |  |
|                         | Firm/ Company   |  |  |  |
|                         | 15715 S Dixie Hwy Ste 211   |  |  |  |
|                         |   | Address  | · <del></del>  |  |
|                         | Miami, FL 33157   |  |  |  |
|                         |   | City/ State and Zip Code   | :  |  |
|                         | info@greenboxtax.com  |  |  |  |
|                         | E-mail address: (to be us   | sed for future annual report                                     | notification)  |  |
| For further information | on concerning this matter, pleas  | se call:   |  |  |
| Norris Atesiano         |   | 305<br>at (  | 928-1137   |  |
| Name                    | of Contact Person   |  | de & Daytime Telephone Number  |  |
| Enclosed is a check f   | or the following amount made  | payable to the Florida Depa                                      | artment of State:  |  |
| ■ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                 |  |
| Am<br>Div<br>P.C        | illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend<br>Divisio<br>The Ce<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303 |  |

## Articles of Amendment to Articles of Incorporation of

TOLEDO M DELIVERIES CORP

| (Name of Corporatio  | on as currently filed with the F | lorida Dept. of State)                                     |                              |
|--|----------------------------------|--|------------------------------|
| P15000086078   |                                  |  |                              |
| (Docum   | ent Number of Corporation (if)   | (nown)   |                              |
| Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:   | Statutes, this Florida Profit Co | rporation adopts the followi                               | ng amendment(s)              |
| A. If amending name, enter the new name of the co  | rporation:                       |  |                              |
|  |                                  |  | The _new                     |
| name must be distinguishable and contain the word "con<br>"Inc.," or Co.," or the designation "Corp," "Inc,"<br>"chartered," "professional association," or the abbres | ' or "Co". A professional co     | corporated" or the abbreviat<br>prporation name must conta | ion "Corp.,"<br>iin the word |
| B. Enter new principal office address, if applicable:  | :                                |  | [3]                          |
| (Principal office address MUST BE A STREET ADD   |                                  |  |                              |
|  |                                  | · · · · · · · · · · · · · · · · · · ·                      | ·                            |
|  |                                  | <del></del>  |                              |
| C. Enter new mailing address, if applicable:   |                                  |  | ī :                          |
| (Mailing address MAY BE A POST OFFICE BOX  | <u>Y</u> )                       | <u> </u>   |                              |
|  |                                  |  | :)<br>(1)                    |
|  | <del></del>                      |  | <u> </u>                     |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  | office address:                  |  | <del></del>                  |
| Name of New Registered Agent   | - <del></del> -                  |  | <del></del>                  |
|  |                                  |  |                              |
|  | (Florida street address)         |  |                              |
| New Registered Office Address:   |                                  | , Florida  |                              |
|  | (City)                           | (Zip   | Code)                        |
|  |                                  |  |                              |
| New Registered Agent's Signature, if changing Regi   | istered Agent:                   |  |                              |
| I hereby accept the appointment as registered agent. I   |                                  | e obligations of the position.                             |                              |
|  |                                  |  |                              |
|  |                                  |  |                              |
| C:   | ture of New Registered Agent, i  | f changing   |                              |
| Signa  | mie oj wew negistereu zigent, ij | i caunging   |                              |
| Check if applicable  |                                  |  |                              |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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>P1</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                  | PRES         | YOLANDA MESA | 6001 SW 112TH CT |
| Add                        |              |              | MIAMI, FL 33173  |
| X Remove 2) X Change       | P            | JOSE L LOPEZ | 6001 SW 112TH CT |
| Add                        |              |              | MIAMI, FL 33173  |
| Remove Change              |              |              |                  |
| Add                        |              |              |                  |
| Remove 4) Change           |              |              |                  |
| Add                        |              |              |                  |
| Remove                     |              |              |                  |
| 5) Change                  |              |              |                  |
| Add<br>Remove              |              |              |                  |
| 6) Change                  |              |              |                  |
| Add                        |              |              |                  |
| Remove                     |              |              |                  |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |           |
|--|-----------|
| Yolanda Mesa is listed as P, remove officer from corporation.  |           |
| Jose L Lopez is listed as VP, change Jose Lopez to P   |           |
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| C. If an arrandoment arrandom for an exchange medicalification, on consultation of iconsed ghorses   |           |
| 5. 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)  |           |
|  |           |
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| The date of each a date this document |  | r than the  |
|---------------------------------------|--|-------------|
| date this document                    | 08/01/2020   |             |
| Effective date <u>if a</u> j          | oplicable:   | _           |
|                                       | (no more than 90 days after amendment file date)   |             |
|                                       | nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.                            | sted as the |
| Adoption of Amer                      | dment(s) ( <u>CHECK ONE</u> )  |             |
| ☐ The amendment action was not r      | (s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold equired.   | er          |
|                                       | (s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.   |             |
|                                       | (s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s): |             |
| "The num                              | per of votes cast for the amendment(s) was/were sufficient for approval  |             |
| by                                    | ·"   |             |
| •                                     | (voting group)   |             |
| Ľ                                     | 09/11/2020<br>Pated  |             |
| S                                     | ignature (By a director, president of 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)   |             |
|                                       | Jose L Lopez   |             |
|                                       | (Typed or printed name of person signing)  | _           |
|                                       | VP   |             |
|                                       | (Title of person signing)  | _           |