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Office Use Only



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SEP 1 6 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Miami Trucking Logistics Inc. P16000028932 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cindy Almeida Name of Contact Person Miami Trucking Logistics Inc. Firm/ Company 930 Hialeah Dr STE 8 Address Hialcah FL 33010 City/ State and Zip Code miamitruckinglogistics@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 340-0113

Area Code & Daytime Telephone Number Cindy Almeida Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Miann Trucking Logistics Inc. | | | | | |
|--|------------------------------|---------------------------------|---------------------------------------|-----------|------------------------------------|
| (<u>Name</u> | of Corporation as curren | tly filed with the Florida Dept | . of State) | | |
| P16000028932 | | | | | |
| | (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation ac | lopts the following | ; amend | ment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | | | |
| | | | | The n | • • • • • |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professional corpora | orated" or the ab | breviati | ion |
| B. Enter new principal office address, if applicable: | | 4255 Hendry Isles BLVD | | | |
| (Principal office address MUST BE A S | | Clewiston, FL 33440 | | | _ |
| | | | | 됬~. | 一(へ) (別) : みご |
| | | | | <u> </u> | -(<u>2)</u> (2) |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST | | 4548 NW 185 ST | | | |
| (mading dumess MAY DE AY OOT | or reg bony | Miami Gardens, FL 33055 | | | 210 215 |
| | | | · · · · · · · · · · · · · · · · · · · | - (4) | - X 5 |
| | | | | = 1.1 | - 5 (|
| D. If amending the registered agent are new registered agent and/or the new | | | ne of the | | , , |
| Name of New Registered Agent | David Morales | _ | | | |
| <u>Name of New Registered Agem</u> | 4255 Hendry Isles BLVD | | | | |
| | | treet address) | | | |
| | Clewiston | | 33440 | | |
| New Registered Office Address: | | (City) | , Florida (Zip C | Code) | _ |
| | | | | | |
| | | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agen | it: | e of the position | | |
| I hereby accept the appointment as regis. | terea agent. I am familiai | · wun ana accept the obugation | s oj tne postton. | | |
| | / | | | | |
| | | | | | |
| | Signature of New | Registered Agent, if changing | | | |

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> | Address |
| 1) Change | P | Alexander Barreto | 1595 W 2 Ave |
| Add | | | Hialeah FL 33010 |
| x Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | . 9/8/16 | 10 ml m d m |
|--|--|---|
| The date of each amendment(s) addate this document was signed. | doption: | , if other than the |
| Effective date <u>if applicable</u> : | | |
| Entertive date in applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, spartment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amen officient for approval. | dment(s) |
| | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and sha | reholder |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareho | lder |
| 9/8/16 Dated Signature | | |
| (By a c | firector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary) | |
| | David Morales | |
| | (Typed or printed name of person signing) | |
| | Owner | |
| | (Title of person signing) | , <u>, , , , , , , , , , , , , , , , , , </u> |