P1100000043893

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMINO

JUN 24 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MGA CARRIER I	NC	···	
DOCUMENT NUMB	P16000043893	16 AUG 4.		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
		ALBA E VIVAR		
-	Name of Contact Person			
	MIAMI DISPATCH & CARRIER SERVICES			
-		Firm/ Company		
	8040 NW 95TH ST STE 106			
-	Address			
	HIALEAH GARDENS, FL 33016			
-		City/ State and Zip Cod	e	
E. C. deel Counting	, ,	sed for future annual report	notification)	
For further information	concerning this matter, please			
Name o	f Contact Person	at (de & Daytime Telephone Number	
	the following amount made	•		
\$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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address Imment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MGA CARRIER INC

	men enderen
(Name of Corporati	on as currently filed with the Florida Dept. of State)
	P16000043893
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	37(1)
C. Enter new mailing address, if applicable:	ART W
(Mailing address MAY BE A POST OFFICE BO	x)
	The second secon
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
петеоў ассері іне арронитені аз гезізіегей адені.	Tum fumiliar with and accept the obligations of the position.
<u></u>	
Sign	ature 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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	SC	NELSON CAMEJO	750 NW 32ND CT
X Add			MIAMI, FL 33125
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
<u>. </u>		
		
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancell endment if not contained in the ar	ation of issued shares, mendment itself:
	,	1100

06/13/2016	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
06/13/2016	
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 document's effective date on the Department of State's records.	not be listed 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	
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.	
06/13/2016	
Dated	
all their	
Signature (P) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	_
(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)	
JOSE L HORTA LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	