

PI6000050819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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CLERK OF COURT  
DIVISION OF CORPORATIONS  
2016 NOV 21 AM 8:10

Nov. 22, 2016  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2016

MANUEL MANSO PEREZ / MMV TRUCKING INC  
PO BOX 11684  
JACKSONVILLE, FL 32239 US

SUBJECT: MMV TRUCKING INC  
Ref. Number: P16000050819

We have received your document for MMV TRUCKING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 216A00022908

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MMV TRUCKING INC

**DOCUMENT NUMBER:** P16000050819

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL MANSO PEREZ

Name of Contact Person

MMV TRUCKING INC

Firm/ Company

P.O. BOX 11684

Address

JACKSONVILLE, FL 32239

City/ State and Zip Code

DANAY.MANSO@ICLOUD.COM

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

For further information concerning this matter, please call:

DANAY MANSO

Name of Contact Person

at ( 904 )

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 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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MMV TRUCKING INC

**DOCUMENT NUMBER:** P16000050819

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL MANSO PEREZ

Name of Contact Person

MMV TRUCKING INC

Firm/ Company

P.O. BOX 11684

Address

JACKSONVILLE, FL 32239

City/ State and Zip Code

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

For further information concerning this matter, please call:

MANUEL MANSO PEREZ

Name of Contact Person

at ( 904 )

708-7872

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)

*already  
PAID*

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATE

2016 NOV 21 AM 8:18

MMV TRUCKING INC

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

P16000050819

(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:**

*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**)

9401 N 10TH ST UNIT 1-4

MCALLEN TX 78504

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

P.O. BOX 11684

JACKSONVILLE, FL 32239

**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 MANUEL MANSO PEREZ

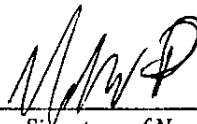
2884 TAYLOR HILL DR

(Florida street address)

New Registered Office Address: JACKSONVILLE, Florida 32239  
(City) (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

**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:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One) | Title         | Name                      | Address                       |
|-------------------------------|---------------|---------------------------|-------------------------------|
| 1) <u>X</u> Change            | <u>PRES</u>   | <u>MANUEL MANSO PEREZ</u> | <u>P.O. BOX 11684</u>         |
| <u>      </u> Add             |               |                           | <u>JACKSONVILLE, FL 32239</u> |
| <u>      </u> Remove          |               |                           |                               |
| 2) <u>      </u> Change       | <u>      </u> | <u>      </u>             | <u>      </u>                 |
| <u>      </u> Add             |               |                           | <u>      </u>                 |
| <u>      </u> Remove          |               |                           | <u>      </u>                 |
| 3) <u>      </u> Change       | <u>      </u> | <u>      </u>             | <u>      </u>                 |
| <u>      </u> Add             |               |                           | <u>      </u>                 |
| <u>      </u> Remove          |               |                           | <u>      </u>                 |
| 4) <u>      </u> Change       | <u>      </u> | <u>      </u>             | <u>      </u>                 |
| <u>      </u> Add             |               |                           | <u>      </u>                 |
| <u>      </u> Remove          |               |                           | <u>      </u>                 |
| 5) <u>      </u> Change       | <u>      </u> | <u>      </u>             | <u>      </u>                 |
| <u>      </u> Add             |               |                           | <u>      </u>                 |
| <u>      </u> Remove          |               |                           | <u>      </u>                 |
| 6) <u>      </u> Change       | <u>      </u> | <u>      </u>             | <u>      </u>                 |
| <u>      </u> Add             |               |                           | <u>      </u>                 |
| <u>      </u> Remove          |               |                           | <u>      </u>                 |

**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

The date of each amendment(s) adoption: 10-19-16 if other than the date this document was signed.

Effective date if applicable: 10-19-16 (no more than 90 days after amendment file date) **2016 NOV 21 AM 8:18**

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.

Dated 10-19-2016

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)

MANUEL MANSO PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)