PICCC 052 596

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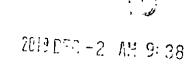
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Deliveryscostafred	a.com Corp.			
	ER: P16000052596				
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
;	Miguel Costafreda Vazquez				
_		Name of Contact Person	 		
:	MCV Trucking Corp.				
_		Firm/ Company			
	10863 NW 83 Street Unit 7				
_		Address			
1	Doral FL. 33178				
-		City/ State and Zip Code	:		
deliver	yscostafreda@gmail.com				
		ed for future annual report	notification)		
			, ,		
For further information	concerning this matter, pleas	e call:			
Miguel Costafreda Vazquez		786	554-1314 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	El\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. I	ng Address adment Section ion of Corporations 30x 6327 massee, FL 32314	Amend Divisio The C	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Deliveryscostafreda.com Corp.	
(Name of Corporation a	is currently filed with the Florida Dept. of State)
P16000052596	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
MCV Trucking Corp.	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
D. Untar now principal office address if applicable	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	IVA
 If amending the registered agent and/or registered onew registered agent and/or the new registered office 	
N/A	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I an	n 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change		_	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or additional sheat N/A	<u>12 additi</u> ets, if nec	onal Articles, enter change(s) here: :essary). (Be specific)	

	
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. 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	
	
	
	<u>-</u>
	
	
Page 3 of 4	
the date of each amendment(s) adoption: November 25, 2019 ate this document was signed.	if other than the
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)	

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 (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____ (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) Miguel Costafreda Vazquez (Typed or printed name of person signing)

President

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the