## P16000055759

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MLL TYONS POY-1941 ON INC				
DOCUMENT NUMBER: <u>P 160 00 0 557 59</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cinha Dutra  Name of Contact Person				
Corporation				
Firm/ Company				
2230 SW 19Th AVE				
Cape Goral FL 33991  City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Civila DUIVA at (774) 253-7764  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

'	0	
Articles of I	ncorporation	FII por
	of ·	
MLL Transportano	nin	2011 CC1 31 =
(Name of Corporation as currer	itly filed with the Florida	Dept. of State) of P 2: 27
P16000055+59		· Prise
(Document Number	of Corporation (if known)	*** /
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporatio	on adopts the following amendment(s)
. If amending name, enter the new name of the corporation:		
Dutra Transport Inc		The new
ame must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	"Co". A professional cor	orporated" or the abbreviation
3. Enter new principal office address, if applicable:	2230, 2	W19th pre
Principal office address <u>MUST BE A STREET ADDRESS</u> )	cape a	ioral IPLI
	2390	ત્રા
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	223050	U ATH ARC
	Cape Go	oral, FL
	3399	) ]
<ol> <li>If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre</li> </ol>		name of the
Name of New Registered Agent		<del></del>
	street uddress)	
(Florida :		
New Registered Office Address:		, Florida

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	<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>Tide</u>	Name	Address
1) <u>Change</u> (	O PA	Cinha Dutra	22305W19Th AVE
Add Remove			<u>Capl_Coval</u> PL 33991
2) Change			·
Add			
Remove			
3 ) Change			
Remove			
4) Change			
Add			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
for amondment provider for an area	shange realised feation or appeallation of issued charge
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, candment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file d	
(no more than 90 days after amendment file d	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will 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 by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action ar action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sh action was not required.	areholder
Dated_ 10/24/2018	
Signature Outra	
(By a director, president or other officer – if directors or officers ha	
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
appointed indicately by that indicately	
Cinha Dutra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	