



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIANI LLC

Account Number : 120120000040

Phone : (305) 405-2600

Fax Number : (305)405-2601

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **HMML CORP**

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: HMMI	, ÇOKP
DOCUMENT NUMBER: P170000000	
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
LIDIANIS MIJ.L	AR
	Name of Contact Person
THE BLITE CAN	RRIER SERVICES OF MIAMI
	Firm/ Company
12060 NW SOUT	TI RIVER DRIVE
	Address
MEDLEY, PL 33	178
	City/ State and Zip Code
LMILLAR@ELITECS	OM.COM
	ss: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
LIDIANIS MILLAR	at (305) 405-2600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following ans	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, PL 32314	Clifton Building

No. 3119 P. 4

Articles of Amendment to Articles of Incorporation of

2019 JUL 22 PM 1:0

HMML CORP	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation	us currently filed with the Florida Dept. of State)
P17000000637	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Plorida Stits Articles of Incorporation:	natures, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	, <u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	(Florida street address)
Now Registered Office Address:	, Plorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I at	wed Agent: n familiar with and accept the obligations of the position.
Signatio	a 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 Doo	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARIA ANGULICA MALPICA	1870 N CORPORATE LAKES BL
Add			WESTON, FL 33326
X Remove			
2) Change	P	JORGE LECIUN POKINSKY	1131 NE 37TH AVE
X Add			HOMESTEAD, FL 33033
Remove			,,
3) Change	••		
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
, Add			
Remove			
ர்) Change			
Remove			

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provisions for imple (if not applicable	ementing the amon le, indicate N/A)	ange, reclassification	ntained in the amend	n of issued shares, dment itself:	
provisions for imple	ementing the amon le, indicate N/A)	ange, reclassificand	ation, or cancellation	o of issued shares, dment itself:	,
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PRESIDENT

The date of each amendment(s) adoption: _ ____, if other than the date this document was signed. .07/22/2019 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 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 ☐ 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. 07/22/2019 Dated White Unitable White 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) MARIA ANGELICA MALPICA (Typed or printed name of person signing)

(Title of person signing)