P17000002395

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G. McLeod 03/06/2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M	YLA TRUCKING,	LLC	
DOCUMENT NUMBER: P1700	0002395		
The enclosed Articles of Amendme		tted for filing.	
Please return all correspondence co	ncerning this matter	to the following:	
Gyorkis G. I	Milanes Suarez		
	?	Name of Contact Person	
		Firm/ Company	
11504 SW 1	75th Terrace		
Miami FL 3	3157	Address	
Whatin PL 3		City/ State and Zip Code	<u> </u>
gyorkis@yahoo.es		,	
		or future annual report i	notification)
For further information concerning	this matter, please ca	ıll:	
Gyorkis G. Milanes Suarez		at (975-8441 _) le & Daytime Telephone Number
Name of Contact Pe	rson	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following	ig amount made paya	ible to the Florida Depar	rtment of State:
	icate of Status	l\$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 Sect Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ion orations	Amendr Division Clifton	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MYLA TRUCKING, LLC

(<u>Name of Corporation as curre</u>	ntly filed with the Florid	da Dept. of State)		
P17000002395				
(Document Numbe	r of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corpor</i>	ation adopts the following	amendme	ent(s) to
A. If amending name, enter the new name of the corporation:				
MYLA TRUCKING, INC			Th.	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association." or the abbreviation	r "Co". A professional	incorporated" or the ab		2
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
,	 	· <u>·</u>		
		ر. پر همر پر همر	7	
			. 2 5	* :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ر فر. دري دري	့ ယ်	,,,,,,,,,,,4
		m,	77	
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		302		
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr		the name of the		
N/A				
Name of New Registered Agent				
(Florida	street address)	·		
	sir eer aaar essy			
New Registered Office Address:	(City)	, Florida(Zip C	ode)	
	(Only)	(2)	<i></i>	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obt	ligations of the position.		
	v Registered Agent, if cha			

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 <math>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>Title</u>	Name	<u>Addres</u> s
1) Change			<u> </u>
Add			
Remove			
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
,			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NONE
•
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) date this document was signed.	adoption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<u> </u>
	(no more man 20 days after amenanem fre date	,
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendme	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and s	shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	holder
03/03/20	017	
Dated	<u> </u>	
Signature V	Lames	
(By sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	Gyorkis G. Milanes Suarez	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	