

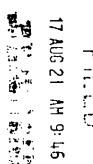
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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MOCCIS Elliott Inc				
DOCUMENT NUMBER: P 17000020360				
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
Jansell Steph Name of Contact Person				
	Morris Elliott Inc Firm/Company 8419 W. Mc Nab Road Address			
8419 W. Minab Road				
	Tamarac, Fl 33321			
		City/ State and Zip Code	:	
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
threll.	Soseph	ar(305	306-6907	
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:				
S35 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)	
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301	

Articles of Amendment

to

Articles of Incorporation of

## FILED

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	TO THE SECOND SECOND
	currently filed with the Horida Dept. of State)
Morris Elliott In	C. P17000020360
(Document S	Fumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
Morris Elliott Trans	oport Inc.  The new orporation, "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "h word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	849 is menos Rd.
Principal office address MUST BE A STREET ADDRES.	
	Tamarac +1 3332
2. Enter new mailing address, if applicable:	. / ^
(Mailing address MAY BE A POST OFFICE BOX)	N/+1
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>	
	N/A
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	
merse, week me approximent to registered agent. Tum,	Annual Secretarian State of the Position
	NA
	of New Registered Agent, if changing
Signature	of ivew 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)

į.

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	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>Change</u>	<u>Q</u>	KeithKankston	8419 W. McNab Road
Add			Tamarac, C1. 33321
Remove			
2) Change	<u>DS</u>	Janul Soseph	8419 W. MENED Rd Tarravac El 33321
<u>✓</u> Add			100 1 value Pt 5550
Remove 3) Change Add	<u> </u>	Tonya Burton	2401 W. JUH St. Pampano Beh Fl. 33068
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change	<del></del> -		
Add			
Remove			

Attach additional s	ding additional a sheets, if necessar	Articles, enter cha y). (Be specific)	inge(s) here:			
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orovisions for im	provides for an eplementing the auble, indicate N/A	exchange, reclassif amendment if not	fication, or cand	ellation of issued amendment itse	d shares, elf:	
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	<del> </del>	NA				
		NA				
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The date of each amendment(s) adoption:	$\mathcal{A}\mathcal{A}$	, if other than the
date this document was signed.	•	
Effective date if applicable:		<u> </u>
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this ce's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	cholders. The number of votes cast for the amendment wal.	t(s)
	reholders through voting groups. The following stater up entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendmen	nt(s) was/were sufficient for approval	
by		
(voting g	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and sharehol	der
The amendment(s) was/were adopted by the incorpaction was not required.	rporators without shareholder action and shareholder	
Dated \( \begin{align*} \int - 1 \cap - \\ \end{align*} \)		
Signature Signature	Balista	
(By a director, president	or other officer - if directors or officers have not been	
selected, by an incorpora appointed fiduciary by the	ator – if in the hands of a receiver, trustee, or other co	urt
, ~	<u> </u>	
<u> Dei</u>	ed or printed name of person signing)	
(Type	ed or printed name of person signing)	
<u> </u>	resident	
	(Title of person signing)	