P170000 46840

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Elp/) Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

		COVER LETTER		£2,
TO: Amendment Section Division of Corporation				JII 22 MI 15 5
NAME OF CORPOR	ATION: MORA TRANSPO	DRTATION INC		
	ER: P17000046840			
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIBEL MELENDI			
-		Name of Contact Person	1	
	JAX SIMPLE FILING SERV	'ICES		
-		Firm/ Company		<u> </u>
	JACKSONVILLE, FL 32225			
		City/ State and Zip Code	e	
ROQU	JE.TAMARA@YAHOO.CO	М		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MARIBEL MELEND	ı	904 at (374-4173	
Name of Contact Person		Area Code & Daytime Telephone Number		nber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

MORA TRANSPORTATION INC

	of Amendment
Articles of	to function
Articles	of States
MORA TRANSPORTATION INC	The state of the s
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
717000046840	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, is Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation	<u>ı:</u>
NA	The new
	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	address in Florida, enter the name of the
). If amending the registered agent and/or registered office :	
 If amending the registered agent and/or registered office and/or the new registered office add 	
	7
Name of New Registered Agent Name of New Registered Agent	<u>)</u>
Name of New Registered Agent Name of New Registered Agent	la street address)

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	TAMARA ROQUE	1633 STEFAN COLE LN
Add			APOPKA, FL 32703
X Remove			
2) Change	<u>v</u>	ELIO MORA	14847 BRECKNESS PL
XAdd			MIAMI LAKES, FL 33016
Remove			
3) Change	<u>s</u>	TAMARA ROQUE	1633 STEFAN COLE LN
X Add			APOPKA, FL 32703
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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. If an ameno	dment provides f	or an exchange.	reclassification.	or cancellation o	f issued shares.	
provisions	for implementin	g the amendmen	t if not containe	d in the amendm	ent itself:	
(if not !/A	applicable, indica	ue N/A)				
	_ <i></i> -					
						

	s) adoption:	, if other than the
date this document was signed.	05/01/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/18/2 Dated Signature	019	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	DENIS MORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	