

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
<u> </u>			

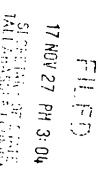
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R. WHITE 100 29 2017



COVER LETTER

Division of Corporations
NAME OF CORPORATION: A & G Cargo SEVVICES COVP. DOCUMENT NUMBER: P1700035184
DOCUMENT NUMBER
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
$\frac{Hv/w)es}{Name of Contact Person}$
\mathcal{N}/\mathcal{A}
(03:29 SW) 147 C+
MIANI, FL 33193
City/ State and Zip Code
VIALES & ASTOWS MIA Coss. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HO/MES GaV/ at (305) 303-97 69 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

Mailing Address

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TO: Amendment Section

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 to

	Articles of Incorporation
$\Omega \rightarrow \Omega \cap \Omega$	of interest
HXG Cargo	SEXVICES, CLYXXXV 27 PH 3:04
(Name of Corporation as currently f	filed with the Florida Dept. of State)
- P1700005518	TALL MARAGON PEL MICA
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid Incorporation:	ida Statutes, this corporation adopts the following amendment(s) to its Articles o
A. If amending name, enter the new name of the c	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc." or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	oxi Same above
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the d office address:
(232	9 SW 147 C+ MIDNI, FL33193 (Florida street address)
New Registered Office Address: 50 V	
	rgistered Agent: I am familiar with and accept the obligations of the position. 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 John I</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) V Change	DP	HOlMPS Gavi	6329 SW 149 CH MIDWIN TL
Add			22//3
Remove			
2) Change	DP	Gabriela Altania	no <u>51415W 159 AV. Mami</u> F13
<u></u> ∫∠ Add			
Remove 3) Change		***************************************	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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n amendment provides for an ovisions for implementing the	amendment if nt	t contained in the	amendment itself	<u>snares.</u> f:
(if not applicable, indicate N	(A)	\		
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
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	
by (voting group)	
☐ 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.	
Dated $\sqrt{20-7}$ Signature	
Signature (By a director, president or other 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)	
$\frac{\text{Gavi } Holm \in \mathbb{R}}{\text{(Typed or printed name of person signing)}}$	<u> </u>
(Typed or printed name of person signing)	
PD	
(Title of person signing)	