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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MONTIEL TRUCK	KING CORP	
DOCUMENT NUMB	ER: P17000068639		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
ı	RIGOBERTO R MONTIEL		
-	· <u></u>	Name of Contact Person	1
ľ	MONTIEL TRUCKING CORP		
-		Firm/ Company	
7	7310 NW 18TH ST APT 10	• •	
-		Address	
1	MARGATE, FL 33063		
-		City/ State and Zip Code	2
RIRA	MON@HOTMAIL.COM		V
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas		478-5660
			478-5660
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fce	□\$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)
Amer Divis P.O.	ing Address addrest Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address iment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

MONTIEL TRUCKING CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P17000068639	
(Document l	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>m</u>)
	The second secon
C. Fatarana militara dila sali fara Nashira	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
	27
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	e 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.

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	Name	<u>Addres</u> s
1) Change	VPS	CARIDAD BOVER	7310 NW 18TH ST
Add			MARGATE, FL 33063
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	<u> </u>
<u> </u>	
-	
	
-	
-	
	<u> </u>
	
	
rovisions for implementing the amos	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment itsen:
(y har spanesse, majeure 1971)	
 	
-	

•

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date if applicable:	
- · · ·	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder
selected appointe	rector, president or other officer— if directors or officers have not been by an incorporator— if in the hands of a receiver, trustec, or other court of fiduciary by that fiduciary) RIGOBERTO R MONTIEL (Typed or printed name of person signing)
1	PRESIDENT
-	(Title of person signing)