## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 128040000007

: (305)640-0281

Phone Fax Number

: (305)640-0282

\*\*Enter the email address for this business entity to be used for mfutur annual report mailings. Enter only one email address please

## COR AMND/RESTATE/CORRECT OR O/D RESIGN M Z L TRUCK INC

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MAY 2 9 2010

T. LEMEUX

倍 COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: M.Z.L. TRUCK INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID ALVAREZ-LAZO Name of Contact Person M Z L TRUCK INC Pirm/ Company 3511 STILLMAN ST Address JACKSONVILLE, FL 32207 City/ State and Zip Code laxniye2001@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAXMY CHACON at (305 ) 640-0281

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation FILED

4011 HAY 25 A 10 03

M Z L TRUCK INC		SECAS DE DA DE DE LES	
	of Corporation as curren	ntly filed with the Florida DemadfStatt SSEE: FLORIDA	
218000020295			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)	
If amending name, enter the new na	ame of the corporation:		
	····	The new	
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	iation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
Enter new principal office address, if applicable:		944 GOLDRIGE CT	
Principal office address MUST BE A S	TREET ADDRESS )	ORANGE PARK, FL 32065	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		944 GOLDRIGE CT	
		ORANGE PARK, FL 32065	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office adve-	dress in Florida, enter the name of the	
PATH POMERA ADI		CHO	
Name of New Registered Agent			
Name of New Registered Agent	944 GOLDRIGE CT		
Name of New Registered Agent		street address)	
Name of New Registered Agent  New Registered Office Address:		treet address), Florida	

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; Tn Treasurer; Sn Secretary; D= Director; TR= Trustee; C - Chairman or Clerk; CEO = Chief Fixecutive 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 P1D.

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	PT	<u>Joha Doe</u>	
$\underline{X}$ Remove	<u>y</u>	Mike Jones	
_X Add	$\underline{sv}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u> .	<u>Addres</u> s
l)Change	P	DAVID ALVAREZ-LAZO	3511 STILLMAN ST
Add X Remove			JACKSONVILLE, FL 32207
2) Change	P	RAUL ROMERO-AROCHO	944 GOLDRIGE CT
X Add Remove			ORANGE PARK, FL 32065
3 ) Change Add	<del></del>		
Remove 4) Change Add			
Remove 5) Change Add	•••••		
Rumove 6) Change Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	The state of the s
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<del>-</del>	
f an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amen-	dment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
·	

The date of each amendment(s) adoption:
05/24/18
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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
by
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.
05/24/18 Duted
Signature 2 Houses
(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)
DAVID ALVAREZ-LAZO
(Typed or printed name of person signing)
. P
(Title of person signing)