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COVER LETTER

Tallahassee, FL 32314

NAME OF CORPOR	ATION: MG & DB TRANS	PORTATION CORP		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MAIQUE GONZALEZ			
		Name of Contact Person		
	MG & DB TRANSPORTAT	ION CORP		
		Firm/ Company		
	25 NW 26TH AVE	•		
		Address		
	MIAMI FL 33125			
		City/ State and Zip Code		 10
BELL	ODOLLY@YAHOO.COM			- < !
	E-mail address: (to be us	sed for future annual report	notification)	'-
For further information	concerning this matter, pleas	se call:		نن م
MAIQUE GONZALE	Z	at (34-7135	ंट हे
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 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)	
Ame Divi	ling Address indment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MG & DB TRANSPORTATION CORP

(<u>Name</u>)	of Corporation as current	ly filed with the Florida Dept, of State)	- Z
P18000031321			·交
	(Document Number o	f Corporation (if known)	ر , ۔
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen	nt(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A		The new	
	iation "Corp," "Inc," or "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if applicable	N/A	
(Principal office address MUST BE A S			
C. Data and a sufficient data and format	5 4. 1		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar	ıd/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	N/A		
Mane of New Regisser ca Agent			
	/Florida at	reet address)	
	N/A	eet adaress)	
New Registered Office Address:	IN/A	, Florida	
		(City) (Zip Code)	
Nam Desistand Apost's Signature of a	hansing Desistand Asset		
New Registered Agent's Signature, if c I hereby accept the appointment as regis		in the control of the obligations of the position.	
		,	
	Signature of New 1	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{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
T) X Change	P	MAIQUE GONZALEZ	25 NW 26TH AVE
Add			MIAMI FL 33125
Remove			
2) N/A Change	N/A	N/A	N/A
Add			
Remove 3) N/A Change	N/A	N/A	
Add		-	
Remove			
4) N/A Change	N/A	N/A	N/A
Add			
Remove			
5) N/A Change	N/A	N/A	N/A
Add			
Remove			
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

	(Be specific)
V/A	
te to the	hange, reclassification, or cancellation of issued shares,
II an amendment provides for an exc	
It an amendment provides for an exc provisions for implementing the ame	endment if not contained in the amendment itself:
<u>provisions for implementing the amo</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amount of the indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s)	N/A adoption:	, if other than the
date this document was signed.		
N Effective date <u>if applicable</u> :	/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A		
<u> </u>	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder action act	
05/01/20 Dated Signature	18	
(By selec	a director, president or other officer – if directors or officers have exted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	MAIQUE GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	