Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H180003314013)))



H180003314013ABCV

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI

Account Number : I20120000040

Phone : (305)405-2600 ; (305)405-2601 Fax Number

Enter the email address for this business entity to be used for future $\omega_{ij}T^{ij}$, annual report mailings. Enter only one email address please.

] Email Address:_

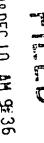
COR AMND/RESTATE/CORRECT OR O/D RESIGN MARTINEZ TRUCK CORP

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Corporate Filing Menu

Help





December 7, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARTINEZ TRUCK CORP 7007 SW 14TH ST MIAMI, FL 33144US

SUBJECT: MARTINEZ TRUCK CORP

REF: P18000046194

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

All we have recieved is the fax audit cover sheet. Please resubmit with the entire document attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II FAX Aud. #: H18000331401 Letter Number: 518A00025161

COVER LETTER

| TO: Amendment Section Division of Corpo | | | |
|---|--|--|--|
| NAME OF CORPOR | ation: Martinez Tru | CK CORP | |
| DOCUMENT NUMB | | | |
| | of Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | nondence concurning this ma | tter to the following: | |
| : | IENNY MUDINA | | |
| • | | Name of Confact Person | n |
| • | THE ELITE CARRIER SER | VICES OF MIAMI LLC | |
| - | | Firm/ Company | |
| | 12060 NW SOUTH RIVER. | DR | |
| - | | Address | |
| ; | MEDLEY FL 33178 | | |
| | | City/ State and Zip Cod | <u></u> |
| 20.455 | | | |
| YMEL | OINA@BLITECSOM.COM | sed for future annual report | Tariff saffan) |
| | E-mail address; (to be in | sea for future annual report | notification) |
| For further information | concerning this matter, please | se call: | |
| JUNNY MEDINA | | at (³⁰⁵ | do & Daytime Telephone Number |
| Name o | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Dept | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fcc & 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 adment Section ion of Corporations Box 6327 hassec, FL 32314 | Amend Divisio Clifton 2661 E | Address Intent Section on of Corporations Building Executive Center Circle |

FILED

Articles of Amendment to Articles of Incorporation of

2018 DEC 10 AM 9: 36

| MARTINEZ TRUCK CORP | SECRETARY OF DIATE | | | |
|--|---|--|--|--|
| (Name of Corporation as current | tly filed with the Florida Dept. of State | | | |
| P18000046194 | | | | |
| (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | | | |
| A. If amending name, enter the new name of the corporation: | | | | |
| | The new | | | |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the | | | |
| B. Enter new principal office address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | IIIALEAH FL 33010 | | | |
| | <u> </u> | | | |
| VI Francisco de la contracta d | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1095 W 23RD RD ST | | | |
| , | ΙΠΑΙ.ΕΑΗ FL 33010 | | | |
| | | | | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | dress in Florida, enter the name of the | | | |
| | _ | | | |
| Name of New Registered Agent | | | | |
| | treet address) | | | |
| HIALEAH | | | | |
| New Registered Office Address: | (City) (Zsp Code) | | | |
| · | (City) (Zip Code) | | | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | it: with and accept the obligations of the position. | | | |
| | | | | |
| | | | | |
| 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.

| X Change | <u>PT</u> | John Doe | | | |
|-------------------------------|-------------|---------------|-------------------|--|--|
| X Remove | <u>v</u> | Mike Jones | | | |
| _X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | Title | Name | Address | | |
| 1) Change | ٧٢ ——— | YANELYS GOMEZ | 1095 W 23RD RD ST | | |
| Add | | | IIIALEAH FL 33010 | | |
| X Remove | | | <u> </u> | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | , | | |
| 3) Change | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 4)Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | <u> </u> | | |
| Remove | | | | | |

| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NIA) | f amending or adding addid Attach <i>additional sheets, if ned</i> | cssary). (Be spe | cific) | | | |
|---|---|--------------------|---------------------|------------------|---------------|-----------------|
| orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | ······································ | • • • • • • | • | | | |
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| | 11/19/2018 | و و و م |
|---|--|--------------------------------|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
| | 19/2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this department of State's records. | late will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment afficient for approval. | (s) |
| ☐ The amendment(s) was/were ap must be separately provided for | proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | |
| hy | " | |
| · , | (voting group) | |
| The amendment(s) was/were ad action was not required. | opted by the hourd of directors without shareholder action and sharehold | ler |
| nction was not required. | opies by the mentionalities without statements action and statements | |
| 11/19/201 Dated | | |
| (By a') | lirector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary) | |
| | YUSNIEL MARTINEZ | |
| | (Typed or printed name of person signing) | • |
| | OWNER | |
| | (Title of person signing) | |