

2, 18 0000 6666 84

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

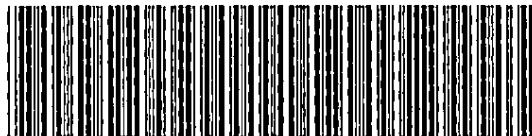
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/18--01040--015 **52.50

And

R. WHITE
OCT 23 2018

FILED
2018 OCT 19 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2018

DIANA D ORTIZ
3035 SERA BELLA WAY
KISSIMMEE, FL 34744

SUBJECT: MAR TRUCKING SERVICES INC.
Ref. Number: P18000066684

We have received your document for MAR TRUCKING SERVICES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

****PLEASE ONLY CHECK ONE BOX. ****

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

Letter Number: 718A00020718

RECEIVED
2018 OCT 19 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: MAR Trucking Services Inc.

DOCUMENT NUMBER: P18000066684

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana D Ortiz
Name of Contact Person
MAR Trucking Services Inc
Firm/ Company
3035 Sera Bella Way
Address
Kissimmee FL 34744
City/ State and Zip Code

dianadamara@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana D Ortiz at (407) 288-3517
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address

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
of

FILED

2018 OCT 19 AM 8:56

R Trucking Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
TALLAHASSEE, FL

000066681

(Document Number of Corporation (if known))

suant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

1. Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

2. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Diana D Ortiz

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
 ess of each Officer and/or Director being added:

ch additional sheets, if necessary)

se note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
 utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office
 . President, Treasurer, Director would be PTD.

nges 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
 ange. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
 e Jones, V as Remove, and Sally Smith, SV as an Add.

mple:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>pe of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	<u>P</u>	<u>Michael A Rivera</u>	<u>3035 Sera Bella Way</u>
<u>Add</u>			<u>Kissimmee FL 34744</u>
<u>x</u> <u>Remove</u>			
<u>x</u> <u>Change</u>	<u>PTS</u>	<u>Diana D Ortiz</u>	<u>3035 Sera Bella Way</u>
<u>Add</u>			<u>Kissimmee FL 34744</u>
<u>Remove</u>			
2) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

Diana D Ortiz 100% Shares

late of each amendment(s) adoption: _____, if other than the
his document was signed.

tive date if applicable: _____
(no more than 90 days after amendment file date)

: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

ption of Amendment(s) (CHECK ONE)

he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
y the shareholders was/were sufficient for approval.

he 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):*

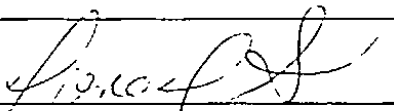
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

09/15/2018
Dated _____

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)

Diana D Ortiz

(Typed or printed name of person signing)

President

(Title of person signing)