## P18000094273

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S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MULTIKARGA E	XPRESS BROWARD & F	PALM BEACH INC
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CARLOS BRACHO		
		Name of Contact Person	n
	MULTIKARGA EXPRESS I	BROWARD & PALM BEA	ACH
	<del></del>	Firm/ Company	
	2778 N UNIVERSITY DR		
		Address	
	SUNRISE, FL 33322		
•		City/ State and Zip Cod	e
	Roynell_r E-mail address: (to be us	omero @ hotne sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CARLOS BRACHO		954 ar (	8706708
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	-	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address  Iment Section on of Corporations Building Executive Center Circle Bussee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MULTIKARGA EXPRESS BROWARD & PALM BEACH INC

(Name of Corporation as currently	filed with the Florida Dept. of State	)	
P18000094273			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the fo	ollowing a	mendmer
A. If amending name, enter the new name of the corporation:			
			ie new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "I	lo". A professional corporation name		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		120	19
(maing address MATERIA TOST OF THEIR BOX)		<u> </u>	<del>8</del> <del>7</del>
			<del>型</del> -63
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	COMUA	<b>္</b> 
Name of New Registered Agent	<del>.</del>		
(Florida stre			
New Registered Office Address:	Florida City)	(Zip Cod	<del></del>
Nam Dagiotarad Agantle Sianatum, if abancing Dagiotarad Agant.			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po	sition.	
Signature of New Re	gistered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be <math>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. Tachange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove <b>Example</b> :	r, and Sal	ly 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)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	RAINEL ROMERO	10561 NW 53RD ST	
Add			SUNRISE FL 33351	
X Remove		-		
2) Change				
Add		-		
Remove				
3 ) Change				
Add		-		
Remove		-		
4) Change				
Add		-		
Remove		-		
5) Change		<del></del>		
Add		-		
Remove		-	<del> </del>	
6) Change				
Add		-		
Remove				

	rets, if necessary).	(ne specific)			
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f an amendment pro	ovides for an exch	ange, reclassifica	ation, or cancella	tion of issued sha	res,
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<u>provisions for imple</u>	ovides for an exchementing the amedec, indicate N/A)	ange, reclassificand ment if not con	ation, or cancella ntained in the am	tion of issued sha endment itself:	res,
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<u>provisions for imple</u>	ementing the amer	nange, reclassificand ment if not con	ation, or cancella	tion of issued sha endment itself:	res,

The date of each amendment(s) adoption:	, if other tl
date this document was signed.	
Effective date if applicable:	
tno more than 9	0 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be lister
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by CARLOS BRACHO AND RAINEL ROMERO	
(voting group)	<del></del>
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
	eer – if directors or officers have not been thands of a receiver, trustee, or other court
RAINEL ROMERO	
(Typed or printed	name of person signing)
VICE PRESIDENT	
(Title	of person signing)