

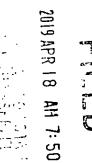
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C. GOLDEN APR 2.7 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M.A.E. FAST CL	EANING INC	
	BER: P18000094834		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Jose Novo		
		Name of Contact Perso	n
		· Firm/ Company	
	5360 Oak Forest Dr		
	Jacksonville, FL 32211	Address	
	197.00	City/ State and Zip Cod	e
blues	kyjax@yahoo.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Jose Novo		904 at (	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 P.O	cling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation of

2019 APR 18 AM 7:50

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000094834	mery med with the Florida Dept. of State)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of	or Corporation (If Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
	•
A. If amending name, enter the new name of the corporation: M.A.E Trucking Services Inc	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or the designation," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
8. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	5360 Oak Forest Dr
MOST BE A STREET ADDRESS )	Jacksonville, FL 32211
Knter now malle	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
STITLE BUN	
	<del></del>
. If amending the registered agent and/or walls	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	3.
The registered Agent	
	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the accept
	of the position.
Signature of New Re	egistered 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_		_	
Add				-	
Remove					-
2) Change		<u> </u>		_	
Add				•	
Remove					
3 ) Change	·	_		<u>-</u>	
Add				-	. <u></u>
Remove				-	
4) Change				_	
Add				_	
Remove					
5) Change				_	
Add					
Remove				-	
6) Change		_		-	
Add				-	
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
	_		······································
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or ca	ncellation of issued shares,	
(if not applicable, indicate N/A)	Remem is not contained in t	ne amendment usen.	

The date of each amendment(s) adoption date this document was signed.	n: <u>4/1/19</u>	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date out of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) to for approval.	
	by the shareholders through voting groups. The following statement oting 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)	
	(voting group)	
■ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
04/01/2019 Dated		
Signature	one Osho	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary)	
Jose Co	obo	
<del></del>	(Typed or printed name of person signing)	
Preside	ent	
<del></del>	(Title of person signing)	