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of 5/2/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MOCIALVILLAS	INC.		
	MBER: P19000009547			
	es of Amendment and fee are sub	omitted for filing.		
Please return all cor	rrespondence concerning this mat	tter to the following:		
	FERNANDEZ, AMAURI L			
		Name of Contact Person		
		Firm/ Company		
	985 SE 2ND PL	Address		
	HIALEAH, FL 33010	Address		
		City/ State and Zip Code	;	
	ALEX@SUAREZ-BASTER.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	ition concerning this matter, pleas	se call:		
FERNANDEZ, AM	MAURI L	786	707-0597	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check	c for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

2022 APR -7 PM 1:43

MOCIALVILLAS INC.

A. If amending name, enter the new name of the corporation: MOCIALVILLAS TRUCKING INC. The new name 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	(Name of Corporati	<u>ion as currently filed v</u>	<u>vith the Florida Dep</u>	t. of State)	STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmits Articles of Incorporation: A. If amending name, enter the new name of the corporation: MOCIALVILLAS TRUCKING INC. The new matched distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	P19000009547			TALL/ HASSE	te, FL
is Articles of Incorporation: A. If amending name, enter the new name of the corporation: MOCIAL VILLAS TRUCKING INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. 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 (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	(Docur	ment Number of Corpor	ration (if known)		
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name 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	A. If amending name, enter the new name of the c	corporation:			
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C. 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 (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	"Inc.," or Co.," or the designation "Corp," "Inc,	," or "Co". A profes.	y," or "incorporated" sional corporation n	or the abbreviation "C	orp.,"
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	<u> </u>	(City)		(Zip Code)	
			l accept the obligation	ns of the position.	
Signature of New Registered Agent, if changing	Sigi	nature of New Registere	ed Agent, if changing		
Check if applicable	· ·				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change		_		 		 .
Add						
Remove						
2) Change		_		 		
Add						
Remove 3) Change		_		 	<u> </u>	
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Remove						<u> </u>
4) Change		_				-
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5) Change		_				
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-	03/31/2022	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	3/31/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes case sufficient for approval.	st for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on th	
"The number of votes of	ast for the amendment(s) was/were sufficient for appro	oval
by		."
	(voting group)	_
03/21/20	200	
03/31/20 Dated	022	
	<u> </u>	
Signature		
sele	a director, president or other officer – if directors or of cted, by an incorporator – if in the hands of a receiver, pinted fiduciary by that fiduciary)	
	FERNANDEZ, AMAURI L	
	(Typed or printed name of person signif	ng)
	PRESIDENT	
	(Title of person signing)	