P19000014040

(Requestor's Name)
(Address)
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C. GOLDEN MAR 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MBS TRANSPOR	TATION, INCORPORA	red		
	00014040				
The enclosed Articles of Amendm	nent and fee are su	bmitted for filing.			
Please return all correspondence c	oncerning this mat	ter to the following:			
MAXEAU	COULANGES				
		Name of Contact Perso	on .		
		Firm/ Company			
4311 NE 1	4311 NE 1ST TERRACE				
Address					
POMPANO	DBEACH, FL 330	064			
		City/ State and Zip Coo	le		
E-mail	address: (to be us	ed for future annual repor	t notification)		
For further information concerning	g this matter, pleas	e call:			
MAXEAU COULANGES		at 45 H	<u> 560-1135</u>		
Name of Contact Person Area Code		ode & Daytime Telephone Number			
Enclosed is a check for the following	ing amount made p	payable to the Florida Dep	artment of State:		
	75 Filing Fee & ficate 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)		
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassec, FL	tion porations	Amen Divisi Clifto	Address dment Section on of Corporations 1 Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 HAR -4 AM 10: 19

(Name of Corporation :	as currently filed with the Florida Dept. of State)
MBS TRANSPORTATION, INCORPORATED	A CONTRACTOR OF THE CONTRACTOR
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	orațion:
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
MAXEAUCO	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	map x vacy
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
El Est	
	v 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.

Example: X Change	PT	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>	<u>Addres</u> s
1) X Change	P	MAXEAU COULANGES	460 NE 30TH COURT
Add			POMPANO BEACH, FL 33064
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			\
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	`

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THERE WAS A MISTAKE IN THE SPELLING FOR THE REGISTERED AGENT AS WELL AS THE PRESIDENT AN
THE CORRECT SPELLING FOR THE REGISTERED AGENT AND PRESIDENT ON THE DOCUMENT
P19000014040 ALONG WITH THE ATTACHED ARTICLES OF INCORPORATION, AND BY LAWS, IF ANY SHALL
BE CHANGED TO READ THE NAME CORRECTLY AS: MAXEAU COULANGES.
_

F. If 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 N/A)
N/A

	2/28/2019	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
	/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De-	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
2/28/2019 Dated		
Signature /	11-11-	
(By a d selecte	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MAXEAU COULANGES	
	(Typed or printed name of person signing)	
	AS PRESIDENT/REGISTERED AGENT AND INCORPORATOR	
	(Title of person signing)	