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COVER LETTER

TO: Amendment Section

Division of Corporations	7*
NAME OF CORPORATION:	e MaG Trucking inc 83-4057114
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Margarit	Name of Contact Person
	Firm/ Company
16/40 10	a costa Dr
	Address City/ State and Zip Code
<u> </u>	n fl 33320
E-mail address: (10 t	earboleda Dyahoo. Com be used for future annual report notification)
For further information concerning this matter,	please call:
Margaita SIVEIMA	at (561) 703 CGG3 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	
S35 Filing Fee S43.75 Filing Fee Certificate of State	& □\$43.75 Filing Fee & □\$52.50 Filing Fee
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

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Dale Mag Irucking	filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
83-4057/1	4 (EIN #) P2000015824
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Macuzzi Beau name must be distinguishable and contain the word "corporation," "co	ty Inc. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	16140 La Costa Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	16140 La Costa Drive Weston FL 33326
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
(maing duress MAT DL AT ON OTT ICAL DOX)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Margarit	la Silvermon la Cista Orive
16140	lo Costa Doine
(Florida stree	t address)
New Registered Office Address: Westo.	. Florida 33326 (Tip) (Zip Code)
	,
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent. I am familiar y	th and accept the obligations of the position.
¥ /	
Signature of New Reg	gistered Agent, if changing
Signature of New Reg	ustered Agent, if changing

Check if applicable

 \Box 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 Doe
X Remove	<u>V</u>	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One) 1) Change	Title	Margarita Silvera. 16140 La costa Or
Add Remove 2) Change Add		
Remove Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

	(Be specific)
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"	
i an amendment provides for an excu- provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The 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 NG1991 9 51 V21 mg. " (voting group)	
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)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	

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