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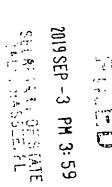
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MFM TRUCKING	CORP		
DOCUMENT NUME		- -		
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MIGUEL BACALLAO			
		Name of Contact Person	1	
	MFM TRUCKING CORP			
	"	Firm/ Company		
	3554 W 80TH ST # ク	0 <u>1</u>		
		Address		
	HIALEAH, FL 33018			
		City/ State and Zip Cod	e	
YEST	AXESANDMORE@YAHO	O.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call: at (545-6909	
Name of Contact Person		at (de & Daytime Telephone Number	
	r the following amount made		•	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

MFM TRUCKING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P19000031687 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 902 LEELAND HEIGHTS BLVD E B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LEHIGH ACRES FL 33936-0000 C. Enter new mailing address, if applicable: 902 LEELAND HEIGHTS BLVD E (Mailing address MAY BE A POST OFFICE BOX) LEHIGH ACRES FL 33936-0000 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) Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JOSE ANGEL AGUILAR	902 LEELAND HEIGHT'S BLVD
XAdd			LEHIGH ACRES FL 33936-0000
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional	dding additional Artic sheets, if necessary).	(Be specific)			
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an amendmen	provides for an excha	inge, reclassificatio	on, or cancellation	of issued shares,	
rovisions for i	nplementing the amen	dment if <u>not conta</u>	ined in the amend	ment itself:	
(if not appli	cable, indicate N/A)				
	· · · · · · · · · · · · · · · · · · ·				
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The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date was partment of State's records.	ill not be listed as th
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) fficient for approval.	
	proved 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)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/0/2019		
DatedSignature	Poul Boolac	
(By a d	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	MIGUEL BACALLAO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	