## P19000054935

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (C): (C): - (Z): (D):                   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALL AHASSEC, FLORIDA

MB 26 (T)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO   | RATION: MADE TRANSPO                        | ORT CORP   |  |
|---|---|--|--|
| DOCUMENT NUMI   | D19000054935                                |  |  |
| The enclosed Articles   | of Amendment and fee are su                 | abmitted for filing.   |  |
| Please return all corres  | spondence concerning this ma                | itter to the following:  |  |
|   | OSVALDO PORTALES RE                         | YES  |  |
|   |   | Name of Contact Perso  | n  |
|   | MADE TRANSPORT CORI                         | P  |  |
|   |   | Firm/ Company  |  |
|   | 840 5TH ST SW                               |  |  |
|   |   | Address  |  |
|   | NAPLES, FL 34117 22                         |  |  |
|   |   | City/ State and Zip Cod  | le   |
| POR T   | ralesreyes@yahoo.co                         | )M   |  |
| <del></del>   | *   | sed for future annual report                                       | t notification)  |
|   | E-man address. (10 oc a.                    | sea to, taxare armidar repor-                                      |  |
| For further information   | n concerning this matter, pleas             | se call:   |  |
| OSVALDO PORTALES REYES  |   | at (   | 3319917  |
| Name  | of Contact Person                           | Area Co  | ode & Daytime Telephone Number   |
| Enclosed is a check fo  | r the following amount made                 | payable to the Florida Dep   | 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) |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327 |   | Ameno<br>Divisio   | Address  Iment Section on of Corporations  Building                                    |
| Tallahassee, FL 32314   |   | 2661 Executive Center Circle                                       |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MADE TRANSPORT CORP

| (Name of Corporation as curre  | ntly filed with the Florida Dept. of State)                 |
|--|---|
| P19000054935   |   |
| (Document Number   | r of Corporation (if known)                                 |
| ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:  | ils Florida Profit Corporation adopts the following amendme |
| . If amending name, enter the new name of the corporation:   |   |
|  | The new   |
| ame must be distinguishable and contain the word "corporal<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or<br>ord "chartered," "professional association," or the abbreviation   | r "Co". A professional corporation name must contain the    |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |
|  |   |
|  |   |
| The second secon | 19 / 19 /   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | A A T   |
|  | 23 Z  |
|  |   |
|  |   |
| . If amending the registered agent and/or registered office as   |   |
| If amending the registered agent and/or registered office at<br>new registered agent and/or the new registered office addr.  | ddress in Florida, enter the name of the                    |
| OSVALDO PORTALE  | •   |
| Name of New Registered Agent   |   |
|  |   |
| (Florida   | street address)   |
| N D 1 LOW All  | , Florida   |
| New Registered Office Address:   |   |

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 = Chie, 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 i. 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>sv</u>   | Sally Smith            |                       |
| Type of Action<br>(Check One) | Title       | <u>Name</u>            | Address               |
| X Change                      | Ь           | OSVALDO PORTALES REYES | 840 5TH ST SW NAPLES. |
| Add                           |             |                        | FL 34117              |
| Remove                        |             |                        |                       |
| 2) Change                     |             |                        | SEC.                  |
| Add                           |             |                        | AUG 2                 |
| Remove                        |             |                        | <u> </u>              |
| 3 ) Change                    |             |                        |                       |
| Add                           |             |                        |                       |
| Remove                        |             |                        |                       |
| 4) Change                     |             |                        |                       |
| Add                           |             |                        |                       |
| Remove                        |             |                        |                       |
| 5) Change                     |             |                        |                       |
| Add                           |             |                        |                       |
| Remove                        |             |                        |                       |
| ரி Change                     | <del></del> |                        |                       |
| Add                           |             |                        |                       |
| Remove                        |             |                        |                       |

| . If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |                 |
|---|--|-----------------|
| AM DOING A NAME CORRECTION, BECAUSE I USE TWO LAS NAMES IN MY LEGAL D   | OCUMENTS.  |                 |
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|   | in ⊸r<br>in ⊸r   | 23<br>E         |
| . If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             | - 19   |                 |
| provisions for implementing the amendment if not contained in the amendment itself:   | 09 T   |                 |
| (if not applicable, indicate N/A)   | 10/0<br>10/0<br>10/0<br>10/0<br>10/0<br>10/0<br>10/0<br>10/0 | ⊃<br><b>x</b> i |
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|  | JULY 1, 2019   |  |
|--|--|--|
| The date of each amendment(s) a  | doption:   | , if other than th   |
| date this document was signed.   |  |  |
|  | LY 1, 2019   |  |
| Effective date <u>if applicable</u> :                                  | (no more than 90 days after amendment file date)   |  |
| Note: If the date inserted in this locument's effective date on the De | block does not meet the applicable statutory filing requirements, this datepartment of State's records.  | te will not be listed as th  |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |
| The amendment(s) was/were ad-<br>by the shareholders was/were si       | opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.   | <b>;</b> )   |
| The amendment(s) was/were ap must be separately provided for           | proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):      | ent  |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |  |
| by   | (voting group)   | <u></u>  |
|  | (voting group)   | <b>≱</b> SE <b>19</b>  |
| ☐ The amendment(s) was/were ad action was not required.                | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder | FIL<br>AUG 23  |
| The amendment(s) was/were ad action was not required.                  | opted by the incorporators without shareholder action and shareholder  | Y OF STATE  Y OF STATE  OF |
| JULY 26.<br>Dated<br>Signature   | 2019   | : OS<br>FATE<br>ORIDA  |
|  | lirector, president of other officer - if directors or officers have not been  |  |
|  | d, by an incorporator - if in the hands of a receiver, trustee, or other cour  | t  |
|  | sted fiduciary by that fiduciary)  |  |
|  | Osvaldo Portales Reyes   |  |
|  | (Typed or printed name of person signing)  |  |
|  | Registered Agent   |  |
|  | (Title of person signing)  |  |