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7a:

Division of Corporations
Fax Number : (850)617-6388

Account Name : CARRIER COMPLIANCE SERVICES CORP Account Number : 12017000052

: (305)809-8157 : (305)809-8441

Enter the enail address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address: COMPLIANCESVC@GMAIL.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN PMA TRUCKING SOLUTION CORP

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JUL 0 7 2020

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TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: PMA TRUCKING	SOLUTION CORP			
DOCUMENT NUMBER: P20000040179				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
PEDRO MORALES ARCIAL	•			
	Name of Contact Person			
PMA TRUCKING SOLUTIO	N CORP			
**************************************	Firm/ Company			
18820 NW 48 PL				
	Address			
MIAMI GARDENS FL 33055	5			
	City/ State and Zip Code			
NIURISVALLE@YAHOO.C	OM			
E-mail address: (to be used for future annual report notification)				
For turther information concerning this matter, pleas	e call:			
PEDRO MORALES	at (786) 617-0534 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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	2220 1111	·.
PMA TRUCKING SOLUTION CORP		2928 JUL -6 AII	9: 56
(Name of Corpo	pration as currently filed with the	Florida Dept. of State)	, ,
P2000040179		•	4,
(Do	ocument Number of Corporation (if	known)	
Pursuant to the provisions of section 607 1006. El	arida Stanutas, this Elevide Bunga C	inna annatan a de march a Callana	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orda Statutes, ims Fioriau Profit Co	orporation adopts the follow	ing amendment(s) t
. 15			
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," ".	Inc," or "Co". A professional co	icorporated" or the abbrevia orporation name must cont	tion "Corp.," ain the word
"chartered." "professional association," or the a	bbreviation "P.A."		
B. Enter new principal office address, if applic			
(Principal office address MUST BE A STREET.	<u>ADDRESS</u>)		
	·		
	• *************************************		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	 		
		·	
D. If amending the registered agent and/or reg	victored office address in Florida	enter the name of the	
new registered agent and/or the new registe	ered office address:	enter the name of the	· ·
Name of New Registered Agent			,
Name of New Registerea Agent			+
· · · · · · · · · · · · · · · · · · ·			<u></u>
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zi _l	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Agent:	ha abligations of the newition	
The ear accept the appointment as regimenta age.	m. Tum juminus wan and accept to	te omigations of the position	
	•	•	

S	Signature of New Registered Agent,	if changing	†
Check if applicable			
The amendment(s) is/are being filed pursuant to	o.s. 607 0120 (11) (e) F.S		
-(-) Paradim to			t

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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:

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>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	Name		Address	·
1) x Change	P	-	RO MORALES ARCIAL	· · · · · · · · · · · · · · · · · · ·	
Add			•	. ———	
Remove			•		
2) Change			·	<u> </u>	
Add	•				
Remove 3) Change	·····				
Add				· · · · · · · · · · · · · · · · · · ·	
Remove 4) Change					
Add	-				
Remove					
5) Change					
Add				·	
Remove			·	. —	
6) Change		-			
Remove					

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If amending or adding additional Articles, enter change(s) here	<u>e</u> :	
Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or	cancellation of issued shares,	
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:	
(y not appareuote, mateuse 1921)		

From: CARRIER COMPLIANC Fax: 13058098157	To:	Fax: (850) 617-6380	(((11200 (Page: 9 of 9 5)))	07/06/2020 12:17 PM
	06/30/2020		,,,	
The date of each amendment(s) adopted date this document was signed.	tion:	 		, if other than the
06/30/20	าวก			,
Effective date if applicable:	120			
	(no more th	an 90 days after âjîj <mark>ên</mark> din	ent file date) 9: 55	
Note: If the date inserted in this block document's effective date on the Depart	t does not meet the a tment of State's recor	applicable statutory filing ds.	requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted action was not required.	d by the incorporators	s, or board of directors wit	thout shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic		. The number of votes cas	st for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholder h voting group entitle	rs through voting groups. ed to vote separately on th	The following statement e amendment(s):	
"The number of votes cast for	the amendment(s) wa	s/were sufficient for appro	oval	
by PEDRO MORALES			%	
	(voting group)		 ·	
06/30/2020	•		•	
Dated				
Signature Jalu				
(By a direct sciected, by		officer – if directors or of in the hands of a receiver, ciary)		
PEI	DRO MORALES AR	CIAL		
	(Typed or pri	nted name of person signi-	ng) .	
PR	ESIDENT			
	(Title of perso	on signing)	····	