P20000091997

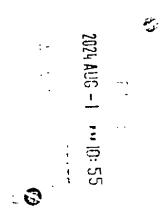
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: HMAX TRANSPO	ORTS CORP			
	IBER: P20000091997				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MARCO REIS				
		Name of Contact Persor	3		
	USA TAX CORPORATION				
		Firm/ Company			
	591 E SAMPLE RD				
	Address				
	DEERFIELD BEACH FL 33	064			
		City/ State and Zip Code	e		
	USATAX@USATAXFL.CO)M			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	954	788-1818		
Name	e of Contact Person	at ()			
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

of	
HMAX TRANSPORTS CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000091997	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follots Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
MAX GENERAL SOLUTIONS CORP	The new
name must he distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	2021 AUS
Name of New Registered Agent	
(Florida street address)	.
New Registered Office Address: . Florida	4 (A) 1 (A)
	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi	ion.

Signature of New Registered 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 Doc, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		
Add			
Remove			

E. <u>If amending</u> (Attach <i>additi</i>	or adding additional Artional sheets, if necessary).	ticles, enter chan; (Be specific)	ge(s) here:			
					-	
,	-					
				===		
	-					
	. <u>.</u> .					
. <u>If an amend</u>	ment provides for an exc	hange, reclassific	ation, or cancell	ation of issued sha	ires,	
provisions i (if not a	for implementing the an applicable, indicate N/A)	<u>iendment if not c</u>	intained in the a	mendment itself:		
·						
					и., .	
						
	· 					

• • • •	07/30/2024	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	7/30/2024	
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 D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	iction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	ent(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/30/202 Dated	4	
Signature	M M	
(By a c	firector, president or other officer - if directors or officers have not be	een
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	court
	HELDER MAX SOUZA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)