P20000097021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000380583760

2022 JAN 31 AM 7: 51

O SIMMONS FEB 1 0 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MJS SERVICES I	NC	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Dimitar Nikolov		
		Name of Contact Person	
	PERSONAL TRUCK SERV	ICES LLC	
	 	Firm/ Company	
	215 SE 19TH TERCAPE		
		Address	
	CORAL FL 33990		
		City' State and Zip Code	
	compliance@personaltruckse	rvices.com	
		sed for future annual report	notification)
For further informatio Dimitar Nikolov	on concerning this matter, plea		
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
□ \$35 Filing Fee	S43.75 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 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

2022 JAN 31 AM 7: 54 SECRETARY SECRETE

MIS SERVICES INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

MJS SERVICES INC			
(Name o	of Corporation as current	ly filed with the Florida	a Dept. of State)
	(Document Number o	if Corporation (if known)
tursuant to the provisions of section 607. Is Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
			The new
ame must be distinguishable and contain Inc., " or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co"	4 professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
6. Enter new principal office address. Principal office address <u>MUST BE A S</u>			
Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Stating datifess SIAT BL AT OST	OTTICE BOX		
). If amending the registered agent ar	nd/or registered office add	ress in Florida, enter t	he name of the
new registered agent and/or the ne		<u>s:</u>	
Name of New Registered Agent	Dimitar Nikolov		
	215 SE 19TH TER		
	(Florida st	rcet address)	
New Registered Office Address:	CAPE CORAL		, Florida
		<i>«Спут</i>	(Zip Code)
New Registered Agent's Signature, if o	changing Registered Aven	t·	
hereby accept the appointment as regis			igations of the position.
	~~**	Λ.	
	9		
	Signature of News) [
	១ឆ្នើតពេក ដោះសាក	agamerea agent, if enter	161116

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, i) 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 = ChiefExecutive 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.

Σ Change	<u>PT</u>	John Doe	
X Remove	<u>\script{\script{\chi}}{}</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	P	NIKOLAY D NIKOLOV	215 SE 19TH TER, CAPE CORAI
Add			FL 33990
X Remove			
2) Change	Р	DIMITAR NIKOLOV	215 SE 19TH TER, CAPE CORAL
X Add			FL 33990
Remove 3 / Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here. . (Be specific)	
	<u> </u>	
	a	
f an amendment provides for an eve	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	nendment 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:	
ino more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was were sufficient for approval	
by"	
(voling group)	
01/28/2022	
Dated	
Signature	
Signature (By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Dimitar Nikolov	
(Typed or printed name of person signing)	
President	

(Title of person signing)