## P21000007765

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2021 JUH - 7 PH 8: 35

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: MG MECHANICA  | AL CORP  | ···   |  |  |  |
|--|--|---|--|--|--|
| DOCUMENT NUMBER: P21000007765  |  |   |  |  |  |
| The enclosed Articles of Amendment and fee are su  | bmitted for filing.  |   |  |  |  |
| Please return all correspondence concerning this ma  | tter to the following:   |   |  |  |  |
| MANUEL GONZALEZ  |  |   |  |  |  |
|  | Name of Contact Persor   | 1   |  |  |  |
| MG MECHANICAL CORP   |  |   |  |  |  |
| <del> </del>   | Firm/ Company  |   |  |  |  |
| 11765 SW 18 APT 3  |  |   |  |  |  |
|  | Address  |   |  |  |  |
| MIAMLEL 33175  |  |   |  |  |  |
|  | City/ State and Zip Cod  | e   |  |  |  |
| manuelgonzalezusa@gmail.c  | om   |   |  |  |  |
|  | sed for future annual report                                       | notification)   |  |  |  |
| For further information concerning this matter, pleas  MANUEL GONZALEZ                         |  | 488-6863  |  |  |  |
| Name of Contact Person   | at (at (   | _) 488-6863<br>de & Davtime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made  |  | ·   |  |  |  |
| \$35 Filing Fee  | □\$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, FL 32314 | Amend<br>Divisio<br>The Co   | Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 |  |  |  |

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

CHLED

2021 JUN -7 PH 8: 35

| (Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to s Articles of Incorporation:  . If amending name, enter the new name of the corporation:  MG LOGISTICS CORP  The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co.," A professional corporation name must contain the word chartered, ""professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)   | MG MECHANICAL CORP  | SECRETARY FROM A   |
|--|---|--|
| (Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to stricles of Incorporation:  If amending name, enter the new name of the corporation:  IG LOGISTICS CORP  The new unserned statinguishable and comain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." the." or "Co." or Professional accorporation name must contain the word characted. "professional accorporation name must contain the word characted." professional accorporation name must contain the word character. "professional accordance on the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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  If lorida street address.  New Registered Office Address:  (City)  (Typ Code)  ew Registered Agent's Signature, if changing Registered Agent: hardward accept the obligations of the position.   | (Name of Corporation  | as currently filed with the Florida Dept. of State)  |
| ursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to stricles of Incorporation:  If amending name, enter the new name of the corporation:  If LOGISTICS CORP  The new mine must be distinguishable and comain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word charactered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  (Mailing address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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  IFlorida street address)  New Registered Office Address:  (City)  Florida  (City)  Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.   | P21000007765  |  |
| **SARTICLES OF Incorporation:  **If amending name, enter the new name of the corporation:**  **IG LOGISTICS CORP**  **The **new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "brc." or "Co." "A professional corporation name must contain the word chartered." "professional societion," or the abbreviation "P.A."  **Enter new principal office address, if applicable:**  **Principal office address, if applicable:**  **Charter new mailing address, if applicable:**  **(Mailing address MAY BE A POST OFFICE BOX)**  **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**  **New Registered Agent**  **IForida**  **IForida**  **(City)**  **IFOrida**  **(City)**  **IFOrida**  **(City)**  **Plorida**  **(City)**  **(C | (Documen  | nt Number of Corporation (if known)  |
| AGLOGISTICS CORP  The new ame must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." the." or "Co." A professional corporation name must contain the word chartered." "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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)  New Registered Office Address:  (City)  ( | Pursuant to the provisions of section 607,1006, Florida St its Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts the following amendment(s) to  |
| ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." the." or "Co." or the designation "Carp." "Inc." or "Co". A professional corporation name must contain the word chartered. "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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)  New Registered Office Address:   | A. If amending name, enter the new name of the corp                                       | oration:   |
| une must be distinguishable and contain the word "corporation," "company," or "incurporated" or the abbreviation "Corp." Inc.," or "Co.". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  New Registered Office Address:  (City)  (City)  (Zip Code)  ew Registered Agent: I changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  | MG LOGISTICS CORP   | The man  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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)  New Registered Office Address:  (City)  (City)  (Zip Code)  ew 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 position.  | "Inc.," or Co.," or the designation "Corp." "Inc." o                                      | oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQX)  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)  New Registered Office Address:  (City)  (City)  (Zip Code)  ew 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 position.  | B. Enter new principal office address, if applicable:                                     |  |
| Mailing address MAY BE A POST OFFICE BOX)  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)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: the obligations of the position.   | (Principal office address <u>MUST BE A STREET ADDRI</u>                                   | <u>ESS</u> )   |
| Mailing address MAY BE A POST OFFICE BOX)  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)  New Registered Office Address:  (City)  (Zip Code)  ew 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 position.   |   |  |
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| 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   | C. Enter new mailing address, if applicable:  |  |
| Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |
| Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |   |  |
| Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |   |  |
| Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | 5 16 P. O. C.   |  |
| (Florida street address)  New Registered Office Address:  (City)  (City)  Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |   |  |
| (Florida street address)  New Registered Office Address:  (City)  (City)  Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  | ·   |  |
| New Registered Office Address:  (City)  Florida (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | Name of New Registered Agent  | <del></del>  |
| New Registered Office Address:  (City)  Florida (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | <del></del>   | (Florida strait address)   |
| ew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |   | 17 to tag siver address)   |
| ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | New Registered Office Address:  |  |
| hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |   | (Chip)   |
| 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   | I hereby accept the appointment as registered agent. I a                                  | on familiar with and accept the obligations of the position.   |
| Signature of New Registered Agent, if changing   |   |  |
| Signature of New Registered Agent, if changing   |   |  |
|  | Signatui  | re of New Registered Agent, if changing  |
| beck if applicable   | Check if applicable   |  |

☐ 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)

Example:

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>SV</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <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                        |              |             |                 |

| (Aua                          | nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)  |
|-------------------------------|--|
| N/A                           |  |
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| ·. <u>II an</u><br><u>pro</u> | amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: |
|                               | (if not applicable, indicate N/A)  |
| N/A                           |  |
|                               |  |
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| The date of each amendment(s) adoption:  | , if other than the                         |
|--|---|
| date this document was signed.   |   |
| MAY 30, 2021<br>Effective date if applicable:  |   |
| (no more than 90 days after amendment file   | date)                                       |
| Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.                       | ements, 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 shaction was not required.   | nareholder 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.                                      | ne amendment(s)                             |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol<br>must be separately provided for each voting group entitled to vote separately on the amen |   |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |   |
| by   |   |
| by   |   |
| 05-30-2021<br>Dated  |   |
| $\langle \overline{a} \rangle$   |   |
| Signature  | <del> </del>                                |
| (By a director, president or other officer – if directors or officers l selected, by an incorporator – if in the hands of a receiver, trusted  |   |
| appointed fiduciary by that fiduciary)   |   |
| MANUEL GONZALEZ  |   |
| (Typed or printed name of person signing)  |   |
| PRESIDENT  |   |

(Title of person signing)