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T. LEWIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORAT	ION: M&L PALLET SE	ERVICES , CORP	
OOCUMENT NUMBER	P21	000084223	<u> </u>
he enclosed Articles of A	mendment and fee are su	bmitted for filing.	
lease return all correspon	dence concerning this ma	tter to the following:	
	М	IGUEL MONTES ALDAN	VA.
 		Name of Contact Person	<u></u>
	М&	L PALLET SERVICES, C	CORP
		Firm/ Company	
	4	1655 NW 36TH AVENUE	
	,	Address	
		MIAMI FL 33142	
		City/ State and Zip Cod	e
	ncerning this matter, pleas	se call: at (786	985-9705
Name of Co	ontact Person	at (Area Co)de & Daytime Telephone Number
		payable to the Florida Depa	•
335 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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	Address Iment Section
			on of Corporations entre of Tallahassee
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

M&L PALLET SERVICES, CORP

(Name of Corporation as cure	rently filed with the Florida Dept. of State)		
P2100	0084223		
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation	<u>n:</u>		
NO NAME OF CORPORATION IS	AMENDING The new		
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "F	". "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	492 NW 165TH STREET RD #C-110		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33169		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	492 NW 165TH STREET RD #C110		
<u> </u>	MIAMI FL 33169		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add			
SAMER	EGISTERED AGENT		
Name of New Registered Agent 492 NW 165T	TH STREET RD #C110		
(Floric	la street address)		
New Registered Office Address:	MIAMI, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am family			

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)

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<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. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I MIGUEL MONTES ALDANA AM, FILING THIS AMENDING OF ARTICLES BECAUSE I NEED TO CHANG
THE PHYSICAL ADDRESS THE OLD ADDRESS IS: 4655 NW 36TH AVENUE MIAMI FL 33142
THE NEW ADDRESS IS: 492 NW 165TH STREET RD #C-110 MIAMI FL 33169
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

		NOVEMBER 4, 2021	
	ndment(s) adoption:		, if other than the
date this document wa	s signed.	NOVEMBER 4 2021	
Effective date if app	icable:	NOVEMBER 4, 2021	
	(no more t	than 90 days after am <mark>en</mark> dment file d	(ate)
	erted in this block does not meet the date on the Department of State's reco		nents, this date will not be listed as the
Adoption of Amend	nent(s) (CHECK ONE)	
The amendment(s) action was not req	was/were adopted by the incorporato ired.	rs, or board of directors without sha	reholder action and shareholder
	was/were adopted by the shareholder s was/were sufficient for approval.	rs. The number of votes cast for the	amendment(s)
	was/were approved by the shareholder provided for each voting group entite		
"The numbe	of votes cast for the amendment(s) w	vas/were sufficient for approval	
by	MIGUEL MONTES ALI	DANA ."	
,	(voting group)		
Dat	NOVEMBER 4, 2021		
Sig	nature		
	 (By a director, president of othe selected, by an incorporator – i appointed fiduciary by that fidu 	er officer – if directors or officers ha if in the hands of a receiver, trustee, uciary)	or other court
	MIG	UEL MONTES ALDANA	
	(Typed or pr	rinted name of person signing)	
		PRESIDENT	
	(Title of per	son signing)	