

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : THREE K FAST CARRIER SERVICES INC  
Account Number : I20180000033  
Phone : (305)805-3516  
Fax Number : (305)887-5844

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

Email Address: Mil and danny141@yahoo.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MCAJ TRUCKING CORP

Certificate of Status	0
Certified Copy <u>SILAS</u>	0
Page Count <u>40</u>	06
Estimated Charge	\$35.00

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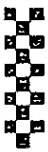
2022 MAY 19 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 19 PM 5:47

FILED



May 19, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MCAJ TRUCKING CORP  
12966 SW 252 TERR  
HOMESTEAD, FL 33032

SUBJECT: MCAJ TRUCKING CORP  
REF: P22000034217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Querida R Silas  
Regulatory Specialist II

FAX Aud. #: H22000176858  
Letter Number: 322A00011485

May. 19. 2022 3:51PM

No. 0617 P. 3-83  
H220001760583

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MCAJ TRUCKING CORP

DOCUMENT NUMBER: P22000034217

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO E CASTRO RAMIREZ

Name of Contact Person

MCAJ TRUCKING CORP

Firm/ Company

12966 SW 252ND TERR

Address

HOMESTEAD, FL 33032

City/ State and Zip Code

MILANDANNY141@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO E CASTRO RAMIREZ

Name of Contact Person

at (305) 240-3464

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 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, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

May. 19. 2022 3:51PM

Articles of Amendment  
to  
Articles of Incorporation  
of

No. 0617 P. 48583  
11220001168583

FILED

MCAJ TRUCKING CORP

2022 MAY 19 PM 5:47

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000034217

SECRETARY OF STATE  
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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

May: 19, 2022 3:52PM

HT 23 No. 061711 P. 5-55 8 3

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.

Example:

X Change      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	MARIO A. CASTRO GARCIA	12966 SW 252ND TERR
<input checked="" type="checkbox"/> Add			MIOMESTEAD, FL 33032
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

May. 19. 2022 3:52PM

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H 220001768583

**F. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**G. 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)

N/A

May. 19. 2022 3:52PM

No. 0617 P. 768533  
Haw. 00: 168533

The date of each amendment(s) adoption: 05/18/2022, if other than the date this document was signed.

Effective date if applicable: 05/18/2022  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_, (voting group)

Dated 05/18/2022

Signature [Signature]

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mario E. Castro Ramirez

(Typed or printed name of person signing)

president

(Title of person signing)