

P230000001534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

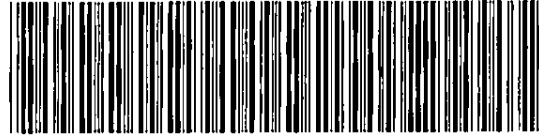
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*

2023 JUN -7 AM 10:25

FILED

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2023 JUN -7 AM 8:33

RECEIVED

A. RAMSEY

JUN 08 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: 120210000160: \$43.75

Authorization Signature: :

**MPI ASPHALT CONSULTANTS CORP**

**P23000001534**

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☒ **CORP**  
☐ LLLP

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Articles of Conversion  
☐ Amended and restated Articles  
☐ Statement of Authority

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE  
☐ Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MPI ASPHALT CONSULTANTS CORP

DOCUMENT NUMBER: P23000001534

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

Please return all correspondence concerning this matter to the following:

Katrin Forster Csvany

Name of Contact Person

FTAA CONSULTING INC

Firm/ Company

8958 W State Rd. 84 Ste 289

Address

Davie, FL 33324

City/ State and Zip Code

katrin@ftaaconsulting.com

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

For further information concerning this matter, please call:

Katrin Forster Csvany

at ( 954 )

6320922

Name of Contact Person

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

MPI Asphalt Consultants Corp.

2023 JUN -7 AM 10:25

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

P23000001534

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

NA

*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:**  
(Principal office address **MUST BE A STREET ADDRESS**)

8958 W State Rd. 84 Suite 289

Davie, FL 33324

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

8958 W State Rd. 84 Suite 289

Davie, FL 33324

**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 FTAA Consulting Inc

1920 Lakeshore Dr. Weston, FL 33326

(Florida street address)

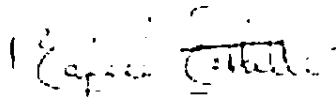
New Registered Office Address: 1920 Lakeshore Dr. Weston, Florida 33326

(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

**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.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>Rafael Castillo Triana</u>	<u>8958 W State Rd. 84 Suite 289</u>
<input checked="" type="checkbox"/> Add			<u>Davie, FL 33324</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>Katrin Forster Csvany</u>	<u>8958 W State Rd. 84 Suite 289</u>
<input checked="" type="checkbox"/> Add			<u>Davie, FL 33324</u>
<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			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Article VII, changing the address of the President from currently 1820 N Corporate Lakes Blvd Ste 103 Weston, FL 33326  
to the new address of: 8958 W State Rd. 84 Suite 289 Davie, FL 33324

**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)*

NA

NA

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

NA

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 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 MPI ASPHALT CONSULTANTS S.A.S  
(voting group)

Dated Jun 6, 2023

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)

Ricardo Jose Carreno Zagarra

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)