P24000015810

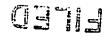
	(Requestor's Name)
·	(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LMC FREIGHT II	NC		
DOCUMENT NUMI	BER: P24000015810			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	MICHEL FERNANDEZ			
		Name of Contact Perso	on	
	PRESIDENT			
		Firm/ Company		
	13 COMET CT			
		Address		
	PALM COAST, FL 32137			
		City/ State and Zip Coo	de	
INFO	@TYGLOBALC.COM			
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	n concerning this matter, pleas	se call:		
MICHEL FERNAND	EZ	201	522-3376 ode & Daytime Telephone Number	
Name of Contact Person		Area Co	ode & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
■ \$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)	
	ling Address		Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
	Box 6327		n Building	
Tall	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LMC FREIGHT INC		01			
(Name (of Corporation as curren	itly filed with the Florida Dep	ot. of State)		
P24000015810					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation a	adopts the following	ng amendme	ent(s) i
A. If amending name, enter the new na	me of the corporation:				
				₩e new	,•
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design ward "chartered" "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor			
B. Enter new principal office address,	ord "chartered," "professional association," or the abbreviation			24	KTT.
Principal office address MUST BE A STREET ADDRESS)		PALM COAST, FL 3213	7:		77)
		ا المام ا المام المام ال			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13 COMET CT			
		PALM COAST, FL 3213	7		
				. <u></u> -	
D. If amending the registered agent an new registered agent and/or the new			me of the		
Name of New Registered Agent	MICHEL FERNANDEZ			_	
	13 COMET CT				
	(Florida :	street address)		_	
New Registered Office Address:	PALM COAST		_, Florida		
	(City)		(Zip	Code)	

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

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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	VP	ANTONIO A JUNCO POZO	2147 NW 26TH ST
X Add			MIAMI, FL 33142
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).				
				
				
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	-			 -
		···		
an amendment provides for an excha	nge, reclassification	, or cancellation o	f issued shares,	
provisions for implementing the amen	dment if not contair	<u>red in the amendm</u>	ent itself:	
(if not applicable, indicate N/A)				
•		· ·	<u> </u>	
		_		
		•		
				· · · · · · · · · · · · · · · · · · ·
		· ···-		

	05/22/2024	
The date of each amendment(s)		, if other than the
date this document was signed.		
	5/22/2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	in the than the day, after uncomment the date,	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	1 (s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/22/20 Dated	24	
	director, president or other officer – if directors or officers have not bee	
selec	director president or other officer – if directors or officers have not bee tod, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	n urt
	MICHEL FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	