## Florida Department of State Division of Corporations Effection of State Division of Corporations

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	Division of Co	rporations		7613
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From:	,,		-	<u>.</u>
	Account Name	: SORSHER & ASSOCIATES, LLC.	· <u>.</u>	-
	Account Number	: I20170000056		
	Phone	: (954)842-2931	:	•
	Fax Number	: (954)842-2936		
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
MAX TRUCKING S CORP

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February 18, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAX TRUCKING S CORP 900 N FEDERAL HWY STE 306 HALLANDALE, FL 33009

SUBJECT: MAX TRUCKING S CORP

REF: P24000028693

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Karen A Saly Regulatory Specialist II FAX Aud. #: H25000060616 Letter Number: 725A00003490

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAX TRUCKIN	G S CORP		
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following	ng:	
	VAKOVENKO, MAKSYM			
		Name of Conta	ict Persor	1
	MAX TRUCKING S CORP	•		
	=,	Firm/ Com	рапу	
	900 N FEDERAL HWY ST		. ,	
•		Addres	 is	
	HALLANDALE, FL 33009			
-		City/ State and	Zip Code	
•	maxdoc455@gmail.com			
-	E-mail address: (to be us	sed for hiture annu-	a) rendet	non figurion)
			at report	nouncing,
For further information	concerning this matter, plea	se call:		
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maxdoc455@gmail.co		at (	2	580-7475
Name o	f Contact Person			le & Daytime Telephone Number
Enclosed is a check for	the following amount made	navable to the Flor	ida Dena	riment of State:
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S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	y oy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Street A	Address
	ndment Section		Amenda	ment Section
	ion of Corporations Box 6327			of Corporations
	hassee, FL 32314	•		ntre of Tallahassee . Monroe Street, Suite 810
T LINE				see, FL 32303

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## Articles of Amendment to Articles of Incorporation of

FILED 2025 FED 18 PH 12: 49

MAX TRUCKING S CORP

(Name of Corporation as curren	tily filed with the Florida Dept. of State)
P24000028693	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Transfer of	A contract
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
in the state of th	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	Iress in Florida, enter the name of the
(Florida s.	rees address)
New Registered Office Address:	(Clr.) , Florida (Zlp Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Signdture of New 1	
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (ε), F.S.
the state of the s	imate sur le la

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	PI	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	KHRYSTIANCHUK, VIACHESLA'	525 \$ OAK ST APT 1
Add		<del>-</del>	VALPARAISO, NE 68065
X Remove			
2) Change		<del>-</del>	
Add			
Remove Change		en de la companya de <del>La companya de la companya de</del>	
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Add		· · · · · · · · · · · · · · · · · · ·	·
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ttach additional sheets	s, if necessary).	(Be specific)			
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an amendment provi	ides for an exch	ange, reclassification, or	cancellation of issued	shares.	
rovisions for implem (if not applicable, i	enting the amer	adment if not contained in	n the amendment its	e <u>lf:</u>	
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O2/17/2025 Dated  Signature  (By a director selected, by a appointed fix	(CHECK ONE)  I by the incorporators, or board of d  by the shareholders. The number of the ent for approval.  Industry the shareholders through voting the voting group entitled to vote separate amendment(s) was/were sufficient.	irectors was groups.  ately on the	g require ithout sh ist for the The foll the amend	ments, this areholder a	action and	
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O2/17/2025  Dated  Signature  (By a director selected, by a appointed fide YAK)						
Signature (By a director selected, by a appointed fide YAK)						* • •
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selected, by a appointed fid	74 / 20 / 0	, .		`.		
selected, by a appointed fid	Maksym Gakovlan	ko				
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Presi	(Typed or printed name of pe	rson signi	ng)			* 5.3
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	(Title of person signing)	•		· · · · · · · · · · · · · · · · · · ·		
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