P9300053418

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400298057084

05/05/17--01006--015 **35.00

SECRETARY OF STATE

WAY 10 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAGNUM FREIO	GHT CORPORATION		
DOCUMENT NUME	P03000053418			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
		ALVARO FABRE		
	-	Name of Contact Perso	n	
	MAGNUM FREIGHT CORPORATION			
•	Firm/ Company			
	2600 NW 75th Ave Suite 100			
	Address			
		Miami, Fl 33122	 -	
		City/ State and Zip Cod	e	
		alvaro@magnumfreight.c	com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se cali:		
ALV	ARO FABRE	at (283-3134	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton 2661 E	Address iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

MAGNUM FREIGHT CORPORATION

(Name of Corpo	ration as currently	filed with the Florida Der	ot. of State)	
	P930000534	118		
(Do	ocument Number of (Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation a	idopts the following	g amendment(s)
A. If amending name, enter the new name of th	e corporation:			
N/A				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Sorp," "Inc," or "C	o". A professional corpor	orated" or the al- cation name must o	bbreviation
B. Enter new principal office address, if application	able:	N/A		
(Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A		
D. If amending the registered agent and/or regi	istered office addre	ss in Florida, enter the nai	me of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent	N/A			
	(Florida stree	t address)		
Nav. Boxistoral Office Address	N/A		Elevido	
New Registered Office Address:	(C	City)	_, Florida (Zip C	Zode)
			5	_
				3'' 2
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		th and assent the abliquition	E CHA	
r nereny accept the appointment as registered ager	u. i am jaminar wu	н ана ассері іне отіданов	San I	E
			ino m√ o	FY7 .
			To T	1 1
S	ignature of New Reg	gistered Agent, if changing		· June :
			⊕m =	•

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	PT	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>	<u>Addres</u> s	
1) X Change	PT	ALVARO FABRE	535 Santander Ave	
Add			#1	
Remove	,		Coral Gales, Fl 33134	
2) X Change	ST	MARIA T MUNOZ	9405 SW 91 Street	
Add			Miami, Fl 33176	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)	
	N/A	

7 7	<u>.</u>	
		
f an amendment provides for an excl	ange, reclassification, or cancellation of issu	icd shares,
provisions for implementing the ame	ange, reclassification, or cancellation of issundence if not contained in the amendment is	<u>ied shares,</u> tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	ned shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issundence if not contained in the amendment in	<u>icd shares,</u> tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	icd shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	acd shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	icd shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	ted shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	ted shares, tself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment i	ted shares, tself:

	February 1, 2017	(Codbou dhou dh
The date of each amendment date this document was signed	(-)	, if other than the
date this doctiment was signed	February 1, 2017	
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, -	(voting group)	
	re adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
A _F Dated	oril 26, 2017	
Signature _		
(E se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	t
	ALVARO FABRE	
	(Typed or printed name of person signing)	<u> </u>
	ST	
	(Title of person signing)	