P93000053418

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	WIFKEIGHT COKPORA	TION		
DOCUMENT NUMBI	OCUMENT NUMBER: P93000053418				
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
		ALVARO FABRE			
_	Name of Contact Person				
	PRESIDENT				
_	Firm/ Company				
	26	00 NW 75TH AVE SUITE	E 100		
_		Address			
	MIAMI, FL 33122				
_		City/ State and Zip Cod	e		
		alvaro@magnumfreight	com		
_	E-mail address: (to be us	ed for future annual report			
				~2	
For further information	concerning this matter, pleas	e call:		ب ند. مر	
A I .V.A	DO GARRE	305	283-3134		
ALVARO FABRE Name of Contact Person		at (at () 283-3134 de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
S35 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)	- 21 E	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

MAGNUM FREIGHT CORPORATION

(Name of Corporation as current	v filed with the Florida Dept. of State)	
P930000	053418	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "alic.," or Co.," or the designation "Corp," "Inc," or "Co". a "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must conto	ion "Corp.,"
D. D. A	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Mulling undress MAT BE A FOST OF FICE BOX)		
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
new registered agent and/or the new registered office address	<u>-</u> N/A	9033 SE
Name of New Registered Agent	N/A	-43 %
		•
(Florida su	vet address)	_ <u>'</u>
N. B. C. IZAG (III	. Florida	_
New Registered Office Address:		Code) N
		: 27
		, <u></u>
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
Thereby accept the appointment as registered agent. Tam familiar	with and accept the obligations of the position	
Cimana of Vina	egistered Agent, if changing	
signature of New R	vgistereu rigent, ij enunging	
Check if applicable		

 \Box 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.

X Change	<u>PT</u> <u>Jol</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PT	ALVARO FABRE	955 PANTHER BRANCH RD
Add			CANTON, NC 28716
Remove	ST	MARIA T MUNOZ	9405 SW 91 STREET
2) Change	<u></u>	WARIA I MUNUZ	
Add			MIAMI, FL 33176
Remove 3) Change	<u>MP</u>	JUAN M GOMEZ	1118 SW 158TH WAY
X Add			PEMBROKE PINES, FL 33027
Remove			ري
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Much additional sheets, if necessary). (Be specific)	
N/A	
	_
	
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	-
	-
	2
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u> </u>
provisions for implementing the amendment if not contained in the amendment itself:	<i>-</i> -
(if not applicable, indicate N/A)	-
N/A	
	_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	. It office than the
July 1, 2023 Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors wi action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	<u>_</u> ,
(voting group)	
September 1, 2023	
Dated	
Signature	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	trustee, or other court
Maria T Munoz	23 VE
(Typed or printed name of person sign	ng)
5T //	
(Title of person signing)	2
γ	- 27
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