## P050000960

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R. White

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: UNIQUE DOCUMENT NUMBER: P05000709	FREIGHT LIN 960	IES, INC
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	tter to the following:	
YAKELIN PAS	CUAL	
UNIQUE FREI	Name of Contact Persor GHT LINES, I	
8417 NW 2015	Firm/ Company ST TER	
HIALEAH, FL 3	Address 33015	
	City/ State and Zip Code	e
uniquefreight20@ E-mail address: (to be us	yahoo.com Sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
YAKELIN PASCUAL	at (305	, 590 5071
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend	Address Iment Section on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

F. D

15 APR 17 # 11:07

## UNIQUE FREIGHT LINES, INC

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

P05000070960

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IALLAH	701 130	7.4 7.2	FLORIDA
*********	74.70		1 Libration

(Documer	nt Number of Corporation (if known)	434	
Pursuant to the provisions of section 607, its Articles of Incorporation.	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation ad	opts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
N/A	<del></del>		ert.
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered." "professional associa	nation "Corp," "Inc," or "Co". A	npany," or "incorpo professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		<del></del>	
	_ <del></del>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar	nd/or registered office address in F	lorida, enter the nam	ne of the
new registered agent and/or the ne-	YAKELIN PASCUAL		
Name of New Registered Agent	8417 NW 201ST	ST	
	(Florida street addre		
New Registered Office Address:	HIALEAH	Florida '	33015
iten registeren cyptee rituresig.	(City)	, 11011dd_	(Zıp Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regjs.		accept the obligation:	s of the position.
			1
351	gnature 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 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	<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>	Name	<u>Addres</u> s
1) Change	Р	DAVID PADRON, SR.	3648 SANDHILL CRANE DI
Add			LAKELAND FL 33811
Remove			
2) Change	P	YAKELIN PASCUAL	8417 NW 201ST TER
Add			HIALEAH, FL 33015
Remove			
3) Change	· · · · ·		
Add			
_ Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•	•	
Add			
Remove			

E. <u>If amending or adding additional Arti-</u> (Attach additional sheets, if necessary).	cles, enter change(s) here:
N/A	(be specific)
, , , , , , , , , , , , , , , , , , , ,	
The state of the s	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
IV/A	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) add	option: N/A	, if other than the
date this document was signed.		
Effective date if applicable:	, , , , , , , , , , , , , , , , , , , ,	<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	27	
	(voting group)	
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated04	1/14/205	
Signature	1 when I	
(By a dir	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
[	DAVID PADRON, SR	
_	(Typed or printed name of person signing)	
F		
_	(Title of person signing)	<del></del>