P08000003239

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	SARAVIA	TRUCKING, INC		
DOCUMENT NUMB	P080000323	39		
	of Amendment and fee are si			
Please return all corres	pondence concerning this ma	atter to the following:		
		Jamie Saravia	Í	
-		Name of Contact Perso	n	
		Firm/ Company		
_		9529 SW 1 Cou	ırt	
Address				
-	Coral Springs, Florida 33071			
		City/ State and Zip Cod	e	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Teresa Brown	า	at (850	, 421-0552	
Name o	f Contact Person		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			Address	
	ndment Section sion of Corporations	Amendment Section Division of Corporations		
	Box 6327	Clifton Building		
i _j Talla	hassee, FL 32314		xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SARAVIA TRUCKING INC.

ONIOVIA INCOMING, INC			
(Name of Corporation as curren P08000003239	tly filed with the Florida Dept.	of State)	
	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co". A profe	y," or "incorporated" or the ab essional corporation name must c	breviation
B. Enter new principal office address, if applic	cable:		
(Principal office address MUST BE A STREET			
	-		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
	-		
		<u> </u>	
D. If amending the registered agent and/or reg	gistered office address in Florid	a, enter the name of the	
new registered agent and/or the new registe	ered office address:		
Name of New Registered Agent			
	(Florida street address)		
	(1.10) Mad 311 001 Mad 1000)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
	(Cny)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:	Aco.	
I hereby accept the appointment as registered age		ot the obligations of the position.	S Program
			T ##
Signature of	of New Registered Agent, if chang		O HATTERS
			÷
		11 11 11	
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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>	<u>Name</u>	<u>Addres</u> s	
1) Change		Sheri Akers	9529 SW 1 Court	
Add			Coral Spring	
X Remove			FI 33071	
2) Change	- 11 - 211 - 1			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove		·		
5) Change	<u></u>	_		
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

	neets, if necessary).	(Be specific)	<u>) here</u> :	
	<u></u> -		<u> </u>	
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	rovides for an exch	ange, reclassificatio	n, or cancellation of i ned in the amendmer	ssued shares, it itself:
provisions for imp	dementing the amer	tuilight if hot contait		
provisions for imp	ble, indicate N/A)			
provisions for imp	ble, indicate N/A)			
provisions for imp	ble, indicate N/A)			
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provisions for imp	ble, indicate N/A)			
provisions for imp	ble, indicate N/A)			

The date of each amendment(s) adoption: 12/05/2012
Effective date if applicable:	12/05/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voung group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 12/0	5/2012
Signature	(Alle
selo	actifector, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JAIME SARAVIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)