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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
<i>,</i>		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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11/19/13--01028--008 **35.00

NOV 2 2 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	La Trucking Corp 213000050547
DOCUMENT NUMBER:	1,50000,50,54
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence conce	ming this matter to the following:
_2715	Name of Contact Person I'La Trucking Corp. Firm/ Company Southside Blvd. Address Sonville FL 32216 City/ State and Zip Code
Oina.l	arosca yanococom ess: (to be used for future annual report notification)
For further information concerning this Dina Sabo La Ra	
Name of Contact Person	
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 F Certificat	ling Fee & Substitus Substituting Status Substituting Status
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to

Articles of Incorporation

13 NOV 19 PM 2: 35

Di'La Tr	uckina Corp	SECRETARY OF STATE TALL AHASSEE, FLORIDA
(Name of Corporation as curre	ently filed with the Florida Dept. of	-
\mathcal{P}_{l}	3000050547	
<u> </u>	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profess	
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		A LANGE MANAGEMENT OF THE STREET
,	···· ·	······································
D. If amending the registered agent and/or r new registered agent and/or the new regis		enter the name of the
Name of New Registered Agent	at 11 11 11 11 11 11 11 11 11 11 11 11 11	
	(Florida street address)	
New Registered Office Address:		, Florida
THEN THE STATES OF THE STATES	(Ciņ:)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		the obligations of the position.
Signatur	e of New Registered Agent, if changn	<i>18</i>

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One) 1) Change Add Remove	Title S	Name Jesus Pimienta	Address 2715 Southside Blue Sucksonville FL 32216
2) Change Add Remove	5_	Bladimir Fuentes	2715 Southside Blvd, Jacksonville Fl 32216
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	www.down.or		

	or adding additional onal sheets, if necessor	ייריי). (Be specific)		
			 		
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<u> provisions f</u>	ment provides for an for implementing the	amendment if no	t contained in the a	mendment itself:	<u>es,</u>
	applicable, indicate N	(/A)			
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APPROVED AND FILED

The date of each amendment(s) adopt	tion: <u>/ </u>	13 NOV 19 PH 2113-15er tha	in the
date this document was signed.			
Effective date if applicable:	11/16/13	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	(no more than 90 days o	ALLAHASSEE, FLORIDA after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were suffici		er of votes cast for the amendment(s)	
The amendment(s) was/were approvement be separately provided for each		ting groups. The following statement parately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were suffic	ient for approval	
by		**	
	(voting group)		
The amendment(s) was/were adopted action was not required.	d by the board of directors without	t shareholder action and shareholder	
The amendment(s) was/were adopted action was not required. Dated 1/10/1	3		
		directors or officers have not been	
	y an incorporator - if in the hands fiduciary by that fiduciary)	of a receiver, trustee, or other court	
арроппец			
	Dina Sabo	La Rasa	
4479-47	(Typed or printed r	name of person signing)	
	Preside	en+	
	(Title of pe	erson signing)	