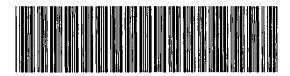


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JUN 15 2017

R. WHILL

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations			
NAME OF CORPORATION: Ourkle	3 Freigh	t Systems, I	NC.,
The enclosed Articles of Amendment and fee are subr	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
P.O. Jacks	Name of Contact Person Freight Sy Firm Company  Box 1816  Address  Druille Fl City/ State and Zip Code  bell Sou	stems Inc.  Da AMF  32229  th. net	eor Mrs.Hill
For further information concerning this matter, please  VILLE Mae Hill ST  Susan  Name of Contact Person  Enclosed is a check for the following amount made pa	at ( 96 4 Area Co	1631-8819 (CE) 1449-2569  de & Daytime Telephone Number  artment of State:	(1) or 904 724- (425 (home)
□ \$35 Filing Fee	□S43.75 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		Address Iment Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

## Articles of Incorporation of

Ai	ticics of All	renament.		
to Articles of Incorporation		17.JUN-12	F1 2: 21	
AIRKO Freig	ht of	Systems	I'WC.	44
(Name of Corporation	as currently	filed with the Florida	Dept. of State)	
42	222	22		
(Document	Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida States at Incorporation:	atutes, this <i>I</i>	Florida Profit Corporation	on adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corpo	oration:			
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." ' word "chartered," "professional association," or the abb	"Inc," or "C	Co". A professional coi	The corporated or the abbre provided in the abbre provided in the must continuous contin	eviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	E <u>SS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	ice address:	till tirsch (	3 2 3 b, Florida	e)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as  Willie M.  L. M.	m familiar w ou TH He	ith and accept the oblig		

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  Change Add	Title Name  VP A. Lamar Hill	2242 Hirsch Ct. Jacksonville,
Remove  2) Change Add Remove	Willie Mae Hill also ST (remain as this)	FL 3226 2242 Hirsch Ct Jacksonville FL 3226
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassification, or	cancellation of issued	shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained i	n the amendment itse	<u>lf:</u>	
(у пот аррисате, таксые 147А)				
<u> </u>		·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated4-24-2017	
Signature Willie Mac Hill	
(By a director, president or other officer – if directors or officers have not been	<del>_</del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Willie Mas Hill (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$\frac{5 \in c / Trees}{\text{(Title of person signing)}}$	
(Title of person signing)	