P00000082876

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAİL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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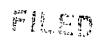
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: Pros Logi BER: P00000082		, INC	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Walt Frier		•	
		Name of Contact Person	n	
	Pros Logistics	Trucking, Inc.	-	
		Firm/ Company		
	3718 DMG Dri	• •		
		Address		
	Lakeland, FL 3	3811		
		City/ State and Zip Cod	e	
	_			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
Walt Frier		at (863	, 701-7767	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
Ame	ling Address Indment Section Indicate of Corporations	Amend	Address Iment Section on of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building		
Talla	nhassee, FL 32314		xecutive Center Circle	
		Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation**



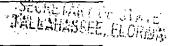
Pros Logistics Trucking, Inc.

惟SEP 22 酬 8:55

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

(Document Number of Corporation (if known)

P00000082806



idment(s) to

A. If amending name, enter the new name of th	e corporation:	A The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	orp," "Inc," or "Co	o". A professional corporation name must conti
B. Enter new principal office address, if applica	able:	3718 DMG Drive
Principal office address <u>MUST BE A STREET A</u>		Lakeland, FL 33811
		
1 17-4		DO Dov 04440
	ROY)	PO Box 91418
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	Lakeland, FL 33804
	<i>BOX</i>)	
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered	stered office addres	Lakeland, FL 33804
(Mailing address <u>MAY BE A POST OFFICE</u>	stered office addres	Lakeland, FL 33804
(Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or registered	stered office addres	Lakeland, FL 33804
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(Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or reginew registered agent and/or the new register	stered office addres	Lakeland, FL 33804 s in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or reginew registered agent and/or the new register	stered office addressed office addressed	Lakeland, FL 33804 s in Florida, enter the name of the

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name A	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	٠		
Add			
Remove			
6) Change			
Add			
r1			
Remove			

Attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
	M/H
lf an ame	endment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)
	1/1/H

The date of each amendmen	t(s) adoption: September 16, 2014	, if other than the
date this document was signed	1.	
Effective date if applicable:	September 16, 2014	
· ·	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
action was not required, The amendment(s) was/wes	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.	2/1 /	
_{Dated} 9/16	,	
Signature	Walt Two	
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Walt Frier	,
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · ·