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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 1 HOOK'S TRUCK	(ING. INC		
DOCUMENT NUMB	ER: P02000111985			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
1	HORACE LEWIS			
-		Name of Contact Person	1	
	HOOK'S TRUCKING, INC			
-		Firm/ Company		
t	6761 N W 29th COURT			
-	· · · · · · · · · · · · · · · · · · ·	Address	· ====================================	
:	SUNRISE, FLORIDA 33313			
_		City/ State and Zip Cod	e	
valriev	vright@hotmail.com		_	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
HORACE LEWIS LEWIS		954 at (325-3438	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1 HOOK'S TRUCKING, INC.

· · · · · · · · · · · · · · · · · · ·	as currently filed with the Florida Dept. of State)
P02000111985	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
	'corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
	SEC. 19 F
C. Enter new mailing address, if applicable:	120 Carent
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Elp Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
_	
Signatu	re 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)	Title	<u>Name</u>	Address	
1) Change	P	HORACE LEWIS	6761 N W 29th COURT	
X Add			SUNRISE	
Remove			FLORIDA, 33313	
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		 		
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself;
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	loption:, if other than the
·	UARY 1st, 2019
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved 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	for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
May 15th, Dated	2019
Signature <u>M</u>	Lews
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	HORACE LEWIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)