# P0300000 2843

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| (Re                     | questor's Name)   |              |
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| PICK-UP                 | ☐ WAIT            | MAIL         |
| · · (Bu                 | siness Entity Nar | ne) ;        |
|                         |                   |              |
| (Do                     | cument Number)    |              |
| Certified Copies        | _ Certificates    | s of Statusi |
| Special Instructions to | Filing Officer:   |              |
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SECRETARY OF STATE
TALL AHASSEE, FLORIO

C.COULLIETTE

JUL 29 2009

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORE                  | PORATION:                                    | COMMUNITY TRUCKING  | , INC.  |  |
|-------------------------------|--|---|---|--|
| DOCUMENT NU                   | MBER:  | P0300002843   |   |  |
| The enclosed Artic            | les of Amendment and fee                     | are submitted for filing.   |   |  |
| Please return all co          | rrespondence concerning th                   | is matter to the following:   |   |  |
|                               |  | MAR A LANTIGUA  |   |  |
|                               | 1  | Name of Contact Person  |   |  |
|                               | СОММ   | UNITY TRUCKING, INC   |   |  |
|                               |  | Firm/ Company   |   |  |
| 2993 W 80TH STREET            |  |   |   |  |
|                               |  | Address   |   |  |
| ,•                            |  | IIALEAH, FL 33018   |   |  |
|                               | C  | City/ State and Zip Code  |   |  |
| <del></del>                   | E-mail address: (to be use                   | ed for future annual report notification)                           |   |  |
| For further informa           | tion concerning this matter                  | , please call:  |   |  |
| OM                            | AR A LANTIGUA                                | at (780) 260  | -9049   |  |
| Name                          | of Contact Person                            | Area Code & Daytime Te  | lephone Number  |  |
| Enclosed is a check           | for the following amount i                   | nade payable to the Florida Depar                                   | tment 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) |  |
| <u>Mailing Ad</u><br>Amendmen |  | Street Address Amendment Section                                    |   |  |

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

### Amendment

#### Articles of Incorporation

of

#### COMMUNITY TRUCKING, INC.

| (Name of Corporation as currently filed with  | the Florida Dept. of S                           | tate)  |                     |
|---|--|--|---------------------|
| P03000002843  |  |  |                     |
| (Document Number of Corporat  | ion (if known)                                   | <del></del>  |                     |
| Pursuant to the provisions of section 607.1006, Florida Statum amendment(s) to its Articles of Incorporation:   | tes, this <i>Florida Profit</i>                  | t Corporation adopts   | s the following     |
| A. If amending name, enter the new name of the corporatio   | <u>on:</u>                                       |  |                     |
| NA  |  |  | The new             |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associated."  | orp," "Inc," or "Co".<br>ation," or the abbrevic | A professional cor   |                     |
| B. Enter new principal office address, if applicable:   | NA   | ***  | ** " **             |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  | ₫.   |                     |
| <ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address</li> </ul> |  | SECRETARY OF STATE OF | 09 JUL 27 AN IO: 53 |
|   |  |  |                     |
| Name of New Registered Agent: OMAR A LAI  | NTIGUA   |  |                     |
| 2993 W 80TH   |  | <del></del>  |                     |
| New Registered Office Address: (Flori   | ida street address)                              |  |                     |
| HIALEAH   |  | , Florida 33018  |                     |
| (City)  | (Z   | (ip Code)  |                     |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family Signature of New  |  |  | position.           |

## 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)

| <u>Title</u>  | <u>Name</u>  | <u>Address</u>   | Type of Action                             |
|---------------|--|--|--|
|               |  |  | ☐ Add☐ Remove                              |
|               |  |  | ☐ Add ☐ Remove                             |
|               |  |  | Add Remove                                 |
| (attach       | ading or adding additional Articles, additional sheets, if necessary). (Be   | specific)  | ······································     |
|               |  |  |  |
|               |  |  |  |
|               | <del></del>  |  |  |
|               |  |  |  |
|               |  |  |  |
| <u>provis</u> | mendment provides for an exchange  | e, reclassification, or cancell<br>nt if not contained in the am | ntion of issued shares,<br>endment itself: |
| (if           | not applicable, indicate N/A)  |  |  |
|               | The state of the s |  | <del></del>                                |
|               |  |  |  |
|               | /_   |  |  |
|               |  |  |  |
|               |  |  |  |
|               |  |  |  |

| The date of each amendmen                         | $t(s)$ adoption: $\frac{07}{2}$ | /22/2009   |
|---|---------------------------------|--|
| Effective date if applicable:                     | 07/22/2009                      | (date of adoption is required)   |
|   | (no more than 9                 | 0 days after amendment file date)  |
| Adoption of Amendment(s)                          | ( <u>CH</u>                     | ECK ONE)   |
| The amendment(s) was/we by the shareholders was/w |                                 | shareholders. The number of votes cast for the amendment(s) approval.  |
|   |                                 | e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): |
| "The number of votes                              | cast for the amend              | dment(s) was/were sufficient for approval  |
| by  | (voting group)                  | .,,  |
|   | (voling group)                  |  |
| The amendment(s) was/we action was not required.  | ere adopted by the              | board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by the              | incorporators without shareholder action and shareholder   |
| Dated_07/2  | 22/2009                         |  |
| Signature   | v a director presid             | ent or other officer – if directors or officers have not been  |
|   |                                 | porator – if in the hands of a receiver, trustee, or other court   |
|   | pointed fiduciary b             |  |
|   |                                 | OMAR A LANTIGUA  |
|   | (Тур                            | ped or printed name of person signing)   |
|   |                                 | PRESIDENT  |
|   | (Title of                       | person signing)  |
|   | `                               |  |