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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: <u>FOUNDA</u>	4 TRucking	and SOD Installation T
DOCUMENT NUMBER: P03000	00 98240	101101101 I
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n		
Heather FOURIWAY TR	Name of Contact Pers	32110 de
		t notification)
For further information concerning this matter, plea	use call;	
Hamey Way Name of Contact/Person	at (772 Arca Co	205-8649 ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Den	artment of State
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 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	Amend	Address ment Section n of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

FOURWAY TRUCKING & SOX IN	,	_		
(Name of Corporation as currently file	STILLATION.	ENC		
		of State)		
- P 0 30000 982 3		· 		
(Document Number of Co				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	rida Profit Corporation add	opts the fol	llowing an	nendment(s) t
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co." A pre-	7		Th	е пеш
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A pro- "chartered," "professional association," or the abbreviation "P.A."	oany, or incorporated of Ofessional corporation nai	r the abbre ne must c	eviation "(contain th	Corp.," e word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
,	· · · · · · · · · · · · · · · · · · ·			
				
C. Enter new mailing address, if applicable:		t		
(Mailing address MAY BE A POST OFFICE BOX)			0.	
				· · · · · ·
			တ	·
			<u> </u>	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address in	1 Florida antor the no-			 ,
new registered agent and/or the new registered office address:	1 Tiorida, enter the name	of the	2,5	
Name of New Registered Agent				
(Florida street ada	iress)			
New Registered Office Address:	_			
(City)	, F.	orida	Zip Code)	
			- 1, OG a C)	
New Registered Agent's Signature to				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	d account the ablication			
- C - Symmon Will Um	- uccept the obligations of	ine positio	n.	
Signature of New Registere	ed Agent, if changing			
Check if applicable				

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>Joh</u>	n Doc		
X Remove	<u>V</u> <u>Mil</u>	ce Jones		
X Add	SV Sall	y <u>Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	5_	Capoll	vay	PD BOX 860
Add				PO BOX 860 Bunnell FL 32110
2) Change Add	T	Zachan	Kraft	PO BOX 86 Bunneil FL 32110
Remove Change Add	<u>S</u> _	Jordyn 1	vay_	Bunnell FC 32116
Remove 4) Change Add				
Remove 5) Change Add				
Remove				
6) Change Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
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		_
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
<u>i dyisidus tot ilitpiementing (ne amer</u>	idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	- In the witeframent tach.	
		
		

The date of each amendment(s) adoption: October 6 2020, 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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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):
by Cather May (voting group)
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing) Out of the control of t