P05000155348

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SEP 20 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Palls SEP #5 AMIL ale NAME OF CORPORATION: CRB Trucking Inc.

DOCUMENT NUMBER: P05000155348. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hialeah, FC 33016. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adi'sley Jero at 954 279 0495

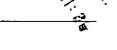
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation





Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ress. if applicable: Pred agent and/or registered office address in Florida, enter the name of the address: Compared Agent Compared Com		The
ress, if applicable: BE A POST OFFICE BOX) red agent and/or registered office address in Florida, enter the name of the address: tered Agent (Florida street address) ice Address: (City) (Zip Code)	name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corporation name must contain
ress, if applicable: BE A POST OFFICE BOX) red agent and/or registered office address in Florida, enter the name of the address: tered Agent (Florida street address) ice Address: (City)	B. Enter new principal office address, if applica	
red agent and/or registered office address in Florida, enter the name of the address: tered Agent (Florida street address) ice Address: (City) (Zip Code)	(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)
red agent and/or registered office address in Florida, enter the name of the address: tered Agent (Florida street address) ice Address: (City) (Zip Code)		
red agent and/or registered office address in Florida, enter the name of the address: tered Agent (Florida street address) ice Address: (City) (Zip Code)		
red agent and/or registered office address in Florida, enter the name of the address: dered Agent	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· ROX)
tered Agent (Florida street address) ice Address: (City) (Zip Code)	maning address militage revenue	
tered Agent (Florida street address) ice Address: (City) (Zip Code)		
tered Agent (Florida street address) ice Address: (City) (Zip Code)		
(Florida street address) ice Address:		
(Florida street address) ice Address: Florida	new registered agent and/or the new register	red office address:
City) . Florida	Name of New Registered Agent	
City) . Florida		
(City) (Zip Code) anature, if changing Registered Agent:		
enature, if changing Registered Agent:		(Florida street address)
	New Registered Office Address:	Florida
	New Registered Office Address:	Florida
	New Registered Office Address:	Florida
		, Florida
	New Registered Agent's Signature, if changing I	(City) , Florida (Zip Code)
	New Registered Office Address:	, Florida

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)	<u>Title</u>	<u>Name</u>	Address
1) Change		Adisley Yero	5838 W 26 th Ave Hialah, FC 33016
X_ Add		,	Hialeah, FC 33016
Remove			
2) Change		_	
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
A dd			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	hange, reclassifica	tion, or cancellatio	on of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not con	tained in the amen	dment itself:	
(ij noi applicanie, macae 1971)				
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		- · · ·		

The date of each amendment(s) adoption: $\frac{09/21/18}{2}$, if other than the
late this document was signed.	
Effective date if applicable: 09/31/18 (no more than 90 days after amendment file date)	
Effective date if applicable: $09/21/18$ (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 document's effective date on the Department of State's records.	will 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)	
In 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.	
Dated 09/21/18	
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)	
(Typed or pfinted name of person signing)	
President.	
(Title of person signing)	