## Paul 10367

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JUN 21 2017 S. YOUNG



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:FG AH TRUCKIN	G CORP		
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	iter to the following:		
	ALINA HEREDIA			
-		Name of Contact Person	l	
-		Firm/ Company		
	10910 NW SOUTH RIVER	DRIVE		
		Address		
	MEDLEY, FL 33178			
		City/ State and Zip Code		
BEST	8500@AOL.COM			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ALINA HEREDIA		at (	de & Daytime Telephone Number	
Name of Contact Person A		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filling 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporat	ior
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FGAH Trucking Co	)rp			
Name of Corporation & currently 10367	y filed with the Florida Dept. of State)			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing am	endmen	it(s) to
A. If amending name, enter the new name of the corporation:				
			nere	
name must be distinguishable and contain the word "corporation" (Corp. " Inc.," or Co.," or the designation "Corp." Inc," or "word "chartered." "professional association." or the abbreviation "	Co". A professional corporation name	the abbre must conte	viation in the	
B. Enter new principal office address, if applicable:	10910 NW SOUTH RIVER DRIVE			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MEDLEY, FL 33178			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10910 NW SOUTH RIVER DRIVE			
(1744)	MEDLEY, FL 33178	3	17	
		.; 		
D. If amending the registered agent and/or registered office addr	eass in Florida, enter the name of the	<u>.</u> :-		٠.
new registered agent and/or the new registered office address	i	: · 	:	. "}
Name of New Registered Agent		<u>.</u> .		
		3.4		
ıl lorida str	eet address)			
New Registered Office Address:	, Florida			
	tCity i	(Zīp Code	,	
New Registered Agent's Signature, if changing Registered Agent	i. 	./.:		
Thereby accept the appointment as registered agent. I am familiar	with and accept the ortigations of the po.	atton.		
Signature of New I	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 P1D.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	FRANCISCO GONZALEZ	10910 NW SOUTH RIVER DRIV
Add			MEDLEY, FL 33178
X Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if n	ecessary). (Be .	specific)			
<del></del>					
					<del></del>
			<u> </u>		
f an amendment provides:	for an exchange.	, reclassificatio	n, or cancellation	on of issued share	es,
provisions for implemently (if not applicable, indic	ng the amendme	nt if <u>not contai</u>	ned in the amei	idment itsell:	
(g that typ ment to them					
<u> </u>				_	
					<u> </u>

06/	11/2016
The date of each amendment(s) adoption:date this document was signed.	if other than the
06/01/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CII)	(CK ONE)
■ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) oproval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
	dment(s) was/were sufficient for approval
by	ng group)
(ved)	ng group)
☐ The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the i action was not required.	neorporators without shareholder action and shareholder
06/01/2016 Dated	
Signature X alin	- Henedia
(By a director, presi	dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court
ALINA HE	REDIA
	Typed or printed name of person signing)
VICE PRE	SIDENT
	(Title of person signing)