## P06000108803

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF C                                                                                      | ORPORATION: J.A.L. TRUCK           | KING OF SOUTH FLORIDA II                                                                                                    | NC.                                                                                     |
|------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DOCUMENT                                                                                       | NUMBER: P06000108803               |                                                                                                                             |                                                                                         |
| The enclosed                                                                                   | Articles of Amendment and fee ar   | e submitted for filing.                                                                                                     |                                                                                         |
| Please return a                                                                                | all correspondence concerning this | s matter to the following:                                                                                                  |                                                                                         |
| •                                                                                              | JOEL AGUILAR                       |                                                                                                                             |                                                                                         |
|                                                                                                | (Name o                            | f Contact Person)                                                                                                           |                                                                                         |
|                                                                                                | J.A.L. TRUCKING OF SOUT            | TH FLORIDA INC.                                                                                                             |                                                                                         |
| ·                                                                                              | (Firr                              | n/ Company)                                                                                                                 |                                                                                         |
|                                                                                                | 8946 NW 144 TERRACE                |                                                                                                                             |                                                                                         |
|                                                                                                |                                    | (Address)                                                                                                                   |                                                                                         |
|                                                                                                | MIAMI LAKES, FL 33018              |                                                                                                                             |                                                                                         |
|                                                                                                | (City/ Sta                         | ate and Zip Code)                                                                                                           |                                                                                         |
| For further inf                                                                                | ormation concerning this matter, p | please call:                                                                                                                |                                                                                         |
| JOEL AGUILAR                                                                                   |                                    | at ( 305 ) 308-0510                                                                                                         |                                                                                         |
| (                                                                                              | Name of Contact Person)            | (Area Code & Daytime T                                                                                                      | elephone Number)                                                                        |
| Enclosed is a                                                                                  | check for the following amount:    |                                                                                                                             |                                                                                         |
| □\$35 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, FL 32314 |                                    | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | ·le                                                                                     |

## Articles of Amendment to Articles of Incorporation of

## J.A.L. TRUCKING OF SOUTH FLORIDA INC.

P06000108803

(Name of corporation as currently filed with the Florida Dept. of State)

| (Document number of corporation (if known)                                                                                                                                                                                                                                                                         |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:                                                                                                                                       |   |
| NEW CORPORATE NAME (if changing):                                                                                                                                                                                                                                                                                  |   |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")  AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s) |   |
| and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  ADD DIRECTOR:                                                                                                                                                                                                                              |   |
| JOEL AGUILAR                                                                                                                                                                                                                                                                                                       |   |
| 8946 NW 144 TERRACE 至                                                                                                                                                                                                                                                                                              | Ţ |
| MIAMI LAKES, FL 33018                                                                                                                                                                                                                                                                                              |   |
| OF STATE FLORIDA                                                                                                                                                                                                                                                                                                   | う |
|                                                                                                                                                                                                                                                                                                                    | - |
|                                                                                                                                                                                                                                                                                                                    |   |
| (Attach additional pages if necessary)                                                                                                                                                                                                                                                                             |   |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                   |   |
| N/A                                                                                                                                                                                                                                                                                                                |   |
|                                                                                                                                                                                                                                                                                                                    |   |
|                                                                                                                                                                                                                                                                                                                    |   |

(continued)

| The date of each amendment(s) adoption: 09/07/06 |                                                                                                                                                                                                     |  |  |  |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Effective date if applicable:                    |                                                                                                                                                                                                     |  |  |  |
|                                                  | (no more than 90 days after amendment file date)                                                                                                                                                    |  |  |  |
| Adoption of Amendment(s)                         | (CHECK ONE)                                                                                                                                                                                         |  |  |  |
|                                                  | was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.                                                                           |  |  |  |
|                                                  | was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s):                                                |  |  |  |
| "The number o                                    | f votes cast for the amendment(s) was/were sufficient for approval by                                                                                                                               |  |  |  |
| <del> </del>                                     | (voting group)                                                                                                                                                                                      |  |  |  |
|                                                  | was/were adopted by the board of directors without shareholder action tion was not required.                                                                                                        |  |  |  |
| The amendment(s) shareholder action              | was/were adopted by the incorporators without shareholder action and was not required.                                                                                                              |  |  |  |
| selec                                            | director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) |  |  |  |
| JO                                               | EL AGUILAR                                                                                                                                                                                          |  |  |  |
| <del></del>                                      | (Typed or printed name of person signing)                                                                                                                                                           |  |  |  |
| PR                                               | ESIDENT                                                                                                                                                                                             |  |  |  |
| -                                                | (Title of person signing)                                                                                                                                                                           |  |  |  |

FILING FEE: \$35