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05/24/23--01007--005 \*\*35.00

07/26/2023 SC 23 Min 24 RM 12: 51

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>BY H13</u>	S GRACE TRUCKING INC
DOCUMENT NUMBER: P070000	39685
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
WILFRED	O LOLON Name of Contact Person  ACE TRUCKING INC
	Firm/ Company
_3257 HARI	SWOOD HAMMOCK DR
ORLANDO. F	L 32824
<del></del>	City/ State and Zip Code
E-mail address: (to b	e used for future annual report notification)
WILFREDO COLÓN	at ( 407 ) 353-0397 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BY HIS GRACE TRUCKING INC	· · · · · · · · · · · · · · · · · · ·		
(Name of Corporation as currently f	iled with the Florida Dept. of State)		
<u> 707000089685</u>			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flot</i> its Articles of Incorporation:	orida Profit Corporation adopts the follo	owing ame	ndment(s)
A. If amending name, enter the new name of the corporation:	1		
	NA	The	new
name must he distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbre- rofessional corporation name must co	viation "Co ontain the	orp.," word
B. Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	u =	·—
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	23 HA)	<del>-</del>
-		<u>12</u>	
		#H12: 5	,
<ol> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:</li> </ol>	s in Florida, enter the name of the	تن	``.
Name of New Registered Agent NA			*
(C) -: 1			
(Florida street	adaress)		
. / / A	, Florida		
New Registered Office Address: N/A	4	(Zip Code)	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) X Change	<u>CEO</u>		3257 HARDWOOD HAMPOCK
X Add	P	WILFREDO COLÓN	ORLANDO, FL 32824
Remove			
2) X Change	<u> </u>	DELIA COLON	3257 HARDWOOD HAMMOCK
$\frac{1}{2}$ Add	S	DELIA COLON	ORLANDO, FL 32824
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change		<del></del>	<del></del>
Add			
Remove			
6) Change			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	N/A
		N/77
	·	
	<del></del>	
	······································	
	· <del></del>	
	•	
f an amandarant accuides for an aval	humaa maalaasifias	tion, or cancellation of issued shares,
provisions for implementing the ame	endment if not con	tained in the amendment itself:
(if not applicable, indicate N/A)		N/A
		14/1/
	·	

. .

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	5/22/23	
Effective date <u>it applicable</u> .	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of dir	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of cient for approval.	Evotes east for the amendment(s)
• •	ved by the shareholders through voting ch voting group entitled to vote separa	,
	r the amendment(s) was/were sufficient	
by WILFREDO	OLON (voting group)	
	(voting group)	
selected, (	etor, president or other officer – if directly an incorporator – if in the hands of a fiduciary by that fiduciary)	
	WILFREDO COLON (Typed or printed name of per  P CEO (Title of person signing)	rson signing)

. . .