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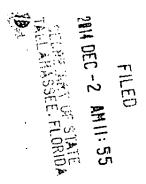
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PSP 114

COVER LETTER

Division of Corporations
NAME OF CORPORATION: JESUS & Trucking Service Line DOCUMENT NUMBER: PO80000 15875
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANCISCO ARIAS Name of Contact Person JESUS & TUCKING INC Firm/ Company Address Kissimmel FL 34743 City/ State and Zip Code Tony 17 PR D y ahoo. Com E-majl address: (to be used for futurelannual report notification)
For further information concerning this matter, please call:
Francisco Arias at 407, 930-3766 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Amer	idment	4. 1	FILED.	
	Articles of Incorp	oration	_	o amil	: 55
Jesus G Trucki	~9 Se	rvice	- 1 F1 S	-2 AMII	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Corporation as currently f	iled with the Flori	da Dept. of State	18 135 C	ASSEE, FL	ORIU#
P080000158-	75		19 a		J.
(Document Number of	Corporation (it kn	own)	70		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corpo	ration adopts	s the following	; amendment(s) to
A. If amending name, enter the new name of the co	orporation: YUCK L	79 JV	ne		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	," "Inc," or "Co"	. A professional	"incorporate corporation	ed" or the ab name must c	breviation ontain the
B. Enter new principal office address, if applicable	<u>.</u>		A		
(Principal office address MUST BE A STREET ADI		n	A	·	
	-	nl	A		
C. Enter new mailing address, if applicable:	.v.	0	A		
(Mailing address MAY BE A POST OFFICE BO	<i>(A)</i>	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<u>a' </u>		
		116	Λ.	 ,,	
	_	- N	К		
D. If amending the registered agent and/or register	ced office address	in Florida, enter	the name of	<u>the</u>	
new registered agent and/or the new registered	office address:				
Name of New Registered Agent	DET				
	nA				
•	(Florida street a	ddress)		14	
New Registered Office Address:	$-\eta H$		Florida	M	
	(City)		į	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent				
I hereby accept the appointment as registered agent.		and accept the ob	oligations of t	the position.	
	nA				
Signature of Ne	w Registered Agen	t, 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 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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	M	n/A	- NA
Remove 2) Change Add	AX	A/A	
Remove 3) Change Add	, A	- n/A	- 1/A
Remove 4) Change Add	N	NA	NA
Remove 5) Change Add	A	NA	NA
Remove 6) Change Add Remove	A/A	- N/K	NA

Page 2 of 4

E. If amending or adding addition (Attach additional sheets, if necessity)	al Articles, enter c	hange(s) here:		
(Attach daminonal safets, g neces	• •			
	The state of the s			
				
				·
				
			······································	
E. If an amandment annides for a		atflantian au sana	Hadian afiazzad abi	
F. If an amendment provides for a provisions for implementing the (if not applicable, indicate a	e amendment if no	ot contained in the	amendment itself:	ares,
(ly not approximate to				
	F 44444			
			<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	If other than the
Effective date if applicable: DEC 2014	
(no more than 90 days after amendment file date)	
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)	
The 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.	
12/1/14	
Dated	
Signature of fco Juiet	
(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)	
FRANSIGIO ARIAS	
(Typed or printed name of person signing)	
Recident	
(Title of person signing)	