# P09000036627

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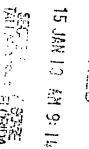


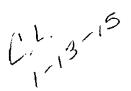
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STRIPS OF CORPORATION





### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ANDOBA T	RUCKING INC	
DOCUMENT NUMBER: P090003662		
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matter	ter to the following:	
CARLOS FERNA	NDEZ	
-	Name of Contact Persor	
ANDOBA TRUCK	ING INC	
	Firm/ Company	
7014 N HALE AV	E	
<del>, , , , , , , , , , , , , , , , , , , </del>	Address	
TAMPA FL 33614	<b>,</b>	
	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	,	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
CARLOS FERNANDEZ	at (786	, 253-3273
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

15 JAN 13 AM 9: 14

# ANDOBA TRUCKING INC

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AT IN LINE	 决的特

P09000036627	s currently filed with the Florida Dep	t. of State)	,
	nt Number of Corporation (if known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Pro	ofit Corporation adopts the followin	g amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A pr	any," or "incorporated" or the a ofessional corporation name must	_The new bbreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS )		-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			- - -
D. If amending the registered agent an new registered agent and/or the new		_	-
Name of New Registered Agent	7014 N HALE AVE	<del>-</del>	
New Registered Office Address:	(Florida street address) TAMPA	, Florida 33614	
New Registered Office Address.	(City)	(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accompany of New Registered Agent, if the		300

Page 1 of 4

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>	<u>Addres</u> s
1) Change	Р	RASIEL FERNANDEZ	RASIEL FERNANDEZ
Add			7014 N HALE AVE
Remove			TAMPA FL 33614
2) Change	P	CARLOS FERNANDEZ	CARLOS FERNANDEZ
Add			7014 N HALE AVE
Remove			TAMPA FL 33614
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
<del></del> .	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amel	
(if not applicable, indicate N/A)	



The date of each amendment(s) adoption: 01/09/2015		, if other than th
date this document was signed.	15 JAN 13 AH 9: 15	, ii outer than th
Effective date if applicable:	#DATED - VIEW	
(no more tha	n 90 days after timendment file date) MA	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"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 direct action was not required.  The amendment(s) was/were adopted by the incorporators was/were		
action was not required.		
Dated 01/09/2015		
Signature (Py a director president or aster o	officer – if directors or officers have not been	
	the hands of a receiver, trustee, or other court	
CARLOS FERNANI	DEZ	
(Typed o	or printed name of person signing)	
PRESIDENT		
<del>- · · · · · · · · · · · · · · · · · · ·</del>	(Title of person signing)	