## P090000 36627

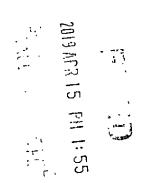
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(Document Number)
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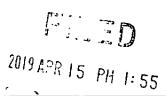
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANDOBA TRUCI	KING INC	
DOCUMENT NUMBER: P09000036627		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ENMA D GONZALEZ		
	Name of Contact Person	1
	Firm/ Company	
271 E 35 ST		
	Address	
HIALEAH, FL 33013		
	City/ State and Zip Cod	e
KEILY1992@YAHOO.COM		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
ENMA D GONZALEZ	at ( <u>305</u>	) 582-3808
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ortment 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 in of Corporations  Building  xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ANDOBA TRUCKING INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)
P09000036627	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
). If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u>.</u>
Name of New Registered Agent	
(Florida stre	vet address)
N D : 100 (11	DL 11
New Registered Office Address:	, Florida
(	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	•
Signature of New Ro	egistered 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 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>	<u>John Do</u>	<u>κ·</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		ENMA D GONZALEZ	271 E 35 ST
Add				HIALEAH, FL 33013
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				<u></u>
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Add Remove				-
Kemove				

	ets, if necessary).	(Be specific)				
				<del></del> -	- <del></del>	
<del></del>				<del></del>		
				<del></del>		
		<del></del>				
<u> </u>						
			•	-		
					<u> </u>	_
an amendment pro	ovides for an excha	ange, reclassificat	ion, or cancellatio	n of issued share	<u>s,</u>	
STATIONAL POPULATION.	e, indicate N/A)	ument ii not cont	tamen in tije amen	ament usen:		
orovisions for implicable (if not applicable)						
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(if not applicabl						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be listed as the
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)	
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.	
04/10/2019 Dated	
(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)	
Enma D Gonzalez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	