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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: United Em	pire Trucking Inc
000	
DOCUMENT NUMBER: 1090003769	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lillian Ruiz	
Name	of Contact Person
. United Empire Tr	ucking Inc.
Fi	rm/ Company
10000 SW 78 7	errace
. <u>100000 800 10 A</u>	Address
Miani FL 3	3193
City/ S	State and Zip Code
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, plea	se call:
Lillian Ruiz	at (305) 385-7143
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 \$\times \text{Certificate of Status}\$	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 JUL - 6 PM 25 18 Empire Trucking (Name of Corporation as currently filed with the Florida Dept. SESSETARY OF STATE FALLAHASSEE/ELORIDA (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation-"Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/d	irector being
removed and title, name, and address of each Officer and/or Director being added:	
(Attach additional sheets, if necessary)	•

<u>Title</u>	Name.	Address .	Type of Action
T	David A. Sanchez	14600 SW 78 terr MIGNI FL 33193	_ ☐ Add _ ☑ Remove
I.	Lillian Sorduy	10000 SW 78 ter	Add Remove
		<u> </u>	
E. If amendi (attach add	ing or adding additional Articles, of ditional sheets, if necessary). (Be	enter change(s) here: specific)	
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provisio	endment provides for an exchangens for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation of interesting in the amendmen	ssued shares, t itself:
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Page 2 of 3

The dateof each amendment(s) ac	doption: June 30) 2010 <u> </u>		:
		otion is required)		· · ·
	more than 90 days after an	endment file date)		
*		•		4 ·
Adoption of Amendment(s)	(CHECK ONE)	•		•
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The amendment(s) was/were approvided for "The number of votes cast for the		to vote separately o	n the am	
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(voti	ing group)		į	-
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