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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION: HASH TRUCKING	G INC	
DOCUMENT NUMBER	P09000083629		
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
Mer	reedes Hernandez		
		Name of Contact Person	n
NG	CARRIERS INC		
		Firm/ Company	
131	10 SW 82ND TER	ramii Company	
1,11			
		Address	
M1/	AMI, FL 33183		
		City/ State and Zip Cod	e
PERMITS	SDEPARTMENT@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
		'	,
For further information co	ncerning this matter, pleas	se call:	
Mercedes Hernandez		786	838-8049
Name of Co	ontact Person) de & Daytime Telephone Number
Traine or Gr	Sittaet i erson	71100 00	the te tray time receptione trainings
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:
\$ \$35 Filing Fee	§ \$43.75 Filing Fee & Certificate of Status	§ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Box	Address nent Section of Corporations : 6327 see, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation

HASH TRUCKING INC	
(Name of Corporation as currently filed with	h the Florida Dept. of State)
P09000083629	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A profe word "chartered," "professional association," or the abbreviation "P.A."	oany," or "incorporated" or the abbreviation essional 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)	
	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	rida, enter the name of the
Name of New Registered Agent	
(Florida street address)	
(r tortaa sireet aaaress)	
New Registered Office Address: (City)	, Florida (Zip Code)
(ow)	10, 2007
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar with and ac	cept 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/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	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CLAUDIA SALINAS	1212 SW HEATHER ST
X Add			PORT ST LUCIE, FL 34983
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necess	sary). (Be specif	ic)			
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an amendment provides for a provisions for implementing the	n exchange, reclas	ssification, or cance	ellation of issued s	hares,	
(if not applicable, indicate i	<u>16 amendinent it i</u> V/4)	or contained in the	amendment user	<u>!-</u>	
					-
<u> </u>					
-					

an	ion:, if other than the
The date of each amendments; adoption this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blox document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte by the shareholders was/were suffi-	d by the shareholders. The number of votes cast for the amendment(s) ient for approval
The amendment(s) was/were appro- must be separately provided for ea	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	the amendment(s) was/were sufficient for approval
.	··*
0)	(voting group)
action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
06-20-2017	
Dated	
(By a dir selected	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
1	EVER D CANALES
-	(Typed or printed name of person signing)
1	RESIDENT
•	(Title of person signing)