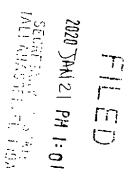
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1 & M MILLS	WORK, INC
DOCUMENT NUMBER: P10000003565	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
HUGO RETTIZ	
	Name of Contact Person
	Firm/ Company
1800 SANS SOUCI BL	VD APT 207
	Address
NORTH MIAMI, FL 33	181
	City/ State and Zip Code
HUGORETTIZ@GMAIL.CO	м
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	please call:
HUGO RETTIZ	at (713) 392-8821 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

J & M MILLWORK, INC			
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)	
P10000003565			
(Document Num	ber of Corporation (if kne	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:		oration adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the corporation RS05 TRUCKING, INC	<u>n:</u>		
		The ne	14.
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	. A professional corp		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		20	
			1 [
C. P. C. P. C. H. C. W. C. P. M.		12 A	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		照美 ニー	'n
(Managatan Marabatan Marab			F
			\cup
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D. If amending the registered agent and/or registered office		er the name of the	
new registered agent and/or the new registered office add	<u>iress:</u>		
Name of New Registered Agent			
(Flori	da street addressi		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	· · · · · · · · · · · · · · · · · · ·	(infr Chic)	
New Registered Agent's Signature, if changing Registered A	gent:		
Thereby accept the appointment as registered agent. I am fami		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)

Example:

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	<u>PT</u>	John Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			~
Remove			
6) Change			-
Add			
Remove			

۸	itional sheets, if necessary).	ticles, enter change(s) here (Be specific)	·	
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lf an amenc	dment provides for an exc	hange, reclassification, or	cancellation of issued shar	res
provisions	for implementing the am-	endment if not contained in	n the amendment itself:	
(if not	applicable, indicate N/A)			
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	01/15/2020 option;	han the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	I as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) Ticient for approval,	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) is/are being fi	ed pursuant to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder	
01/15/2020 Dated		
Signature	ector, president or other officer – if directors or officers have not been	
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 d fiduciary by that fiduciary)	
	AUGO RETTIZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of parcon cianing)