## P10000009187

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TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: A.E.FREIG	HT SERVICES,	INC.
	BER: P1000000918		
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	MARCIA RAMIRE	= <b>7</b>	
	WANCIA NAWIIN		
		Name of Contact Persor	1
		Firm/ Company	
	PO BOX 28661		
		Address	
	HIALEAH FL 330	02	
		City/ State and Zip Code	
	F-mail address: (to be us	ed for future annual report	notification)
	E man address. (to be ds	ea for fatare annual report	nonneationy
For further information	n concerning this matter, pleas	e call:	•
MARCIA RAI	MIREZ	<b>786</b>	、382-5753
	of Contact Person	at (	de & Daytime Telephone Number
Name	on Contact i Cison	Alca Co	ac & Daytine relephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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)
	ling Address endment Section		Address ment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



12 JUL 13 PM 4: 07

A.E. FREIGHT SERVIES	<del> </del>			
(Name of Corporation as P10000009187	currently filed with the F	florida Dept. of State	)	
(Documer	nt Number of Corporation (i	if known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional		
B. Enter new principal office address,	if applicable:	1560 W 42	ND ST #4	_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		HIALEAH F	L 33012	
				•
C. Enter new mailing address, if appli	icable:	<del></del>		•
(Mailing address MAY BE A POST				-
		<del> </del>		-
				-
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add	ress in Florida, enter	the name of the	
Name of New Registered Agent	MARCIA RAMIF			
1560 W 4		ST #4	<del></del>	
	•	reet address)		
New Registered Office Address:	HIALEAH	······································	Florida 33012 (Zip Code)	_
	(City)	,	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis			oligations of the position.	
Si	gnature 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	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S	ELVIN AGUILAR	P.O. BOX 22743
Add			HIALEAH FL 33002
Remove			
2) Change	VP	MELLY AGUILAR	P.O. BOX 22743
Add			HIALEAH FL 33002
X Remove			
3) Change	<u>P</u>	MARCIA RAMIREZ	PO BOX 28661
X Add			HIALEAH FL 33002
Remove		,	
4) Change			<del> </del>
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove		•	

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
,	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A) IELLY AGUILAR WILL N	NO LONGER HAVE
WNERSHIP OF ANY SH	HARES IN THE CORPORATION.
ARCIA RAMIREZ WILL	
ORPORATIONS STOCK	K AND ELVIN AGUILAR WILL REMAIN
0.05005740\/.05.7\\	CORPORATION AND WILL OWN 10%
S SECRETARY OF THE	

The date of each amendment(s)	) adoption: 07/11/12
Effective date if applicable:	07/11/12
<u>n appieable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_07/1	1/12
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	MELLY AGUILAR
	(Typed or printed name of person signing)
	VP
	(Title of person signing)