P10000027817

(Re	equestor's Name)	
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ASR 9/30/10

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	TRUCKING Express Curp.
DOCUMENT NUMBER: P1000	0027817
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
4he Sin 5800 Suu Mea	Mind Department. The of Contact Person The John Strup. Firm/ Company THE AVE. Address Mi H 33144 State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please of Contact Person Enclosed is a check for the following amount made	at (305) 5599 8287 Area Code & Daytime Telephone Number
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status 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

FIL	E	
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(<u>r,ume or Corporation as curr</u>	ently filed with the Foric	da Deot. of States LUAHASSEE, FLORIDA
(Document Nu	mber of Corporation (if kno	own)
ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	Florida Profit Corporation adopts the follow
If amending name, enter the new name o	of the corporation:	The new
me must be distinguishable and contain abreviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "In	"company," or "incorporated" or the cc," or "Co". A professional corporation
Enter new principal office address, if apprincipal office address MUST BE A STREE		3887 Sev 64th St. Mani # 33183.
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		82 Sev 64754. Umi F/ 33183
If amending the registered agent and/or new registered agent and/or the new regi		in Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		Ulavida
		, Florida (Zip Code)

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)

1).	Name	<u>Address</u>	Type of Action	
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E. If ame	nding or adding additional Artic	les, enter change(s) here:		
	additional sheets, if necessary).			
<u>, </u>				
		ange, reclassification, or cancellation		
<u>provis</u>		ange, reclassification, or cancellation dment if not contained in the amend		
<u>provis</u>	sions for implementing the amen			
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The date of each amendment	9/24/2010.
Effective date if applicable:	(dotte of adoption's required)
incerve date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	9/24/2010.
Signatura	
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 ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Presedent
	(Title of person signing)