Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002999793)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: A & L CARRIER SERVICES INC.

Account Number : I20110000033 Phone

: (786)360-2879

Fax Number

: (786)362-5270

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN AXE TRANSPORTATION INC

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AXE TRANSPORTATION CORP			
DOCUMENT NUMBER: P10000034949			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
EVELIO J PEREZ			
Name of Contact Person			
AXE TRANSPORTATION CORP			
Firm/ Company			
1116 Emily St E			
Address			
Lehigh Acres, Fl 33974			
City/ State and Zip Code			
INFO@ALCARRIERSERVICES.COM			
E-mail address: (to be used for future annual report notification)			
for further information concerning this matter, please call:			
A & L CARRIER SERVICES INC  Name of Contact Person  Area Code & Daytime Telephone Number			
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  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Am to	endment Zije	
Articles of Inco of	rporation	•
AXE TRANSPORTATION INC		:
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	Ü
P10000034949		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	loridu Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abb o". A professional corporation name must co A."	the new reviation ntain the
B. Enter new principal office address, if applicable:	1116 Emily St E	
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FI 33974	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1116 Emily St E Lehigh Acres, Fl 33974	
D. If amending the registered agent and/or registered office addressed registered agent and/or the new registered office address:  Name of New Registered Agent 1116 Emily St E	ss in Florida, enter the name of the	
(Florida stree		
New Registered Office Address: Lehigh Acres	, Florida 33974	
(City)	(Zip Gode)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.  Signature of New Registered Agent:		

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.

X.Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р		1116 Emily St E
			Lehigh Acres FL 33974
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			• • • • • • • • • • • • • • • • • • • •
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicable, mateme way	

The date of each amendment(s) adoption: 10.11.11	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	<u></u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
0.10.13.19	
Signature / Dies Perul	
By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporated - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
EVELIO J PEREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	