

P100000053448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

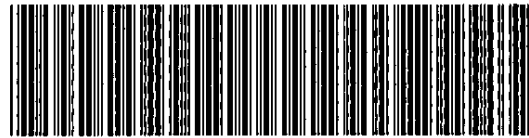
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200184514412

08/27/10--01004--003 **43.75

Amend

FILED
10 SEP -3 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 03 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2010

PERMITTING DEPARTMENT
SIMPLEX GROUP
5800 NW 74 AVE
MIAMI, FL 33166

SUBJECT: P T FREIGHT TRUCKING CORP
Ref. Number: P10000053448

We have received your document for P T FREIGHT TRUCKING CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 410A00020620

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PT Freight trucking corp.

DOCUMENT NUMBER: P100 000 53448

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Permitting Department
Name of Contact Person

Simplex Group.
Firm/ Company

5800 NW 74 Ave
Address

Miami, FL 33166
City/ State and Zip Code

Hrodriquez @ Simplex group. net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Permitting Department at (305) 599-8287
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

☒ \$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)

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
of

PT Freight Trucking Corp
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000053448

(Document Number of Corporation (if known))

SEP -3 PM 3:58
SECRETARY OF STATE
FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

36 NW 21 St
Homestead, FL
33030

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

36 NW 21 St
Homestead, FL 33030

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Pedro Ariel Torres

New Registered Office Address:

36 NW 21 St

(Florida street address)

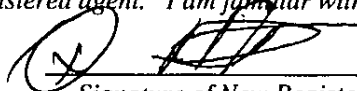
Homestead, Florida 33030

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article VII (President address)
 New President address: 36 NW 21 st
 Homestead, FL
 33030

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:

9/1/2010

Effective date if applicable:

9/1/2010

(date of adoption is required)

(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 cast 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.

Dated

9/1/2010

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Pedro Ariel Torres

(Typed or printed name of person signing)

President

(Title of person signing)

Sunshine State

CDL CLASS A

T620-661-73-391-0

**PEDRO ARIEL
TORRES**

36 NW 21 ST

HOME STEREO PL 33000-0000

DOB: 12-31-1973 SEX: M

2040 HGT: 5-10

2019

ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.