Electronic Filing Cover Sheet

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.

(((H200003071143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Fax Number

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

Phone

: (813)774-4726 : (813)877-2186

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

| | 1 | A 11 11 11 | | |
|------|---|------------|-------|--|
| Emai | | Muu | C 3 3 | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN KM LWP TRUCKING OF LAKELAND INC

| 0 |
|---------|
| U |
| 04 |
| \$35.00 |
| |

Y SULKER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: KM LWP TRUCK | ING OF LAKELAND INC | | | |
|--|---|--|--|--|--|
| DOCUMENT NUM | BER: P10000093661 | | | | |
| | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | MORALES FERNANDEZ, I | CAREL | | | |
| | Name of Contact Person | | | | |
| | KM LWP TRUCKING OF LAKELAND INC | | | | |
| | Firm! Company | | | | |
| | 6948 CABERNET XING | | | | |
| | Address | | | | |
| | LAKELAND, FL 33811 | | | | |
| | City/ State and Zip Code | | | | |
| | kmlwpkarel09@icloud.com | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information | n concerning this matter, pleas | se call: | | | |
| MORALES FERNA | SDEZ, KAREL | at (305 | _) 4327510 | | |
| Name | of Contact Person | Area Coo | fe & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: | | |
| ፟ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

Articles of Amendment Articles of Incorporation

| KM LWP TRUCKING OF LAKELAND INC | | | | | | |
|--|------------------------|-------------------------------------|----------------------|----------------|--------------|------------|
| (Name of Corporation a | as currently f | iled with the Flor | da Dept. of State) | | | |
| P10000093661 | | | | | | |
| (Document | Number of C | orporation (if knov | vn) | | | |
| Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation: | ntutes, this <i>Ad</i> | orida Profit Corpo | ration adopts the fo | llowing amend | dment(| s) to |
| A. If amending name, enter the new name of the corpo | oration: | | | | | |
| | | | | The 1 | new | |
| name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati | · "Co". A p | | | eviation Corp | p., " | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BEA STREET ADDRESS) | <u>'SS</u>) | · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| | | | | | _ | |
| C. Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BOX) | | | | | | <u>.</u> |
| , | | | | | -30 S | 71 T |
| | - | | | | -55 -55 | |
| | | | | | <u>- !</u> . | |
| D. If amending the registered agent and/or registered to | | s in Florida, enter | the name of the | | -2 | 200 |
| new registered agent and/or the new registered offic | ce address: | | | | = | - <u>ģ</u> |
| Name of New Registered Agent | | | | | 7) | 三 |
| | . FT | | | | ••• | 35 |
| | (Florida street | adaress) | | | | |
| New Registered Office Address: | (C) | ity) | , Florida | (Zīp Code) | | |
| | 11.1 | | | 12.14" (3.246) | | |
| | | | | | | |
| New Registered Agent's Signature, if changing Register | | | | | | |
| I hereby accept the appointment as registered agent. I am | n familiar witi | h and accept the of | digations of the pos | ition. | | |
| | | | | | | |
| | | | | | | |
| Signature | e of New Regi | stered Agent, if che | ınging | | | |
| Chack if applicable | | | | | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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, Vas Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> | John Do | <u>De</u> | |
|-------------------------------|--------------------------|-------------|-----------------------|--------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | ones | |
| X Add | <u>SV</u> | Sally Si | mith | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | VP | | CARRERO LOPEZ, WILIAM | 6948 CABERNET XING |
| x Add | _ . | _ | | LAKELAND, FL 33811 |
| Remove | | | | |
| 2) Change | | | | . |
| Add | | | | ··· |
| Remove 3) Change | | _ _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5/ Change | | _ | | |
| Add | | | | - |
| Remove | | | | A- 10-11-1 |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|---|--|---------------------------|
| Effective date if applicable: | | |
| Entective date it appoisable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without shareholder action | and shareholder |
| ☐ The amendment(s) was/were as by the shareholders was/were | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval. | |
| | pproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | t. |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval | |
| by | (yoting group) | |
| | (young group) | |
| Dated O | 1-/04/2020 | |
| | director; president or other officer - if directors or officers have not been | |
| | ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| | KAREL MORALES FERNANDEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |