## P10 000094496

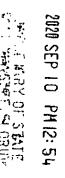
| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         | ldress)            |           |
| (                       | , 5. 555)          |           |
| (Ad                     | ldress)            |           |
|                         |                    | <u>-</u>  |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
|                         |                    |           |
| (Bu                     | isiness Entity Nar | ne)       |
| (Do                     | ocument Number)    |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
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OCT 21 2020 M. SOLOMUM

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORP          | ORATION: J & D Transportati  | on Associates Inc  |  |
|-----------------------|--|--|--|
|                       | MBER: P10000094496   |  |  |
|                       | es of Amendment and fee are su   | bmitted for filing.  |  |
| Please return all cor | respondence concerning this ma   | tter to the following:   |  |
|                       | John Elliott   |  |  |
|                       |  | Name of Contact Perso  | on .   |
|                       | J & D Transportation Associa   | ates Inc   |  |
|                       |  | Firm/ Company  | ·  |
|                       | 13740 SW 49th PL   |  |  |
|                       |  | Address  |  |
|                       | Ocala Florida 33481  |  |  |
|                       |  | City/ State and Zip Cod  | le   |
|                       | jdtransportation6655@gmail.  | com  |  |
|                       | E-mail address: (to be us  | sed for future annual repor                                      | t notification)  |
| For further informate | ion concerning this matter, pleas  | se call:   |  |
| John Elliott          |  | at ( 352 438 82  | 12, 352 438 8212   |
| Nam                   | e of Contact Person  | Area Co  | ode & Daytime Telephone Number   |
| Enclosed is a check   | for the following amount made  | payable to the Florida Dep                                       | partment 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)                     |
| A<br>D<br>P.          | ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | Amend<br>Division<br>The C<br>2415                               | Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

2020 SEP 10 PM 12: 51

## Articles of Amendment to Articles of Incorporation of

| (Name   | of Corporation as currently      | y filed with the Florida De  | ept. of State)          |                      | <del></del> |
|---|----------------------------------|------------------------------|-------------------------|----------------------|-------------|
|   | (Document Number of              | f Corporation (if known)     |                         | <del></del>          | <del></del> |
| Pursuant to the provisions of section 60' its Articles of Incorporation:                | 7.1006, Florida Statutes, this A | Florida Profit Corporation   | adopts the following    | ; amend <del>n</del> | nent(s) to  |
| A. If amending name, enter the new r  | name of the corporation:         |                              |                         |                      |             |
| name must be distinguishable and contai   | in the word "corporation," "c    | ompany," or "incorporatea    | J11 .1 71 5 1           | The ne               |             |
| "Inc.," or Co.," or the designation " "chartered," "professional association,           | Coro inc or "Co" 4               | professional corporation     | name must contain       | the wor              | ·d          |
| B. Enter new principal office address (Principal office address MUST BE A.S.            | , if applicable:                 |                              |                         |                      |             |
|   |                                  |                              |                         |                      | 2020        |
|   |                                  |                              |                         | e w                  | SEP         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                                  |                              | 34.20<br>34.20<br>34.20 | 0                    |             |
|   |                                  | *                            | <del></del>             |                      | PH.         |
|   |                                  |                              |                         |                      | <u>~</u>    |
| D. If amending the registered agent an new registered agent and/or the ne               | nd/or registered office address  | ess in Florida, enter the na | ime of the              | <del>7</del> /11     | ₹<br>2      |
| Name of New Registered Agent  | John Elliott                     |                              |                         |                      |             |
|   | 13740 sw 49th pl                 |                              | ·                       |                      |             |
|   | (Florida stree                   | et address)                  | <del>-</del>            |                      |             |
| New Registered Office Address:  | Ocala                            |                              | , Florida 34481         |                      |             |
|   | (0                               | City)                        | (Zip Cod                | de)                  |             |
|   |                                  |                              |                         |                      |             |
| New Registered Agent's Signature, if c  | hanging Registered Agent:        |                              |                         |                      |             |
| I hereby accept the appointment as regist   | erea agent. Tam familiar wi      | th and accept the obligation | ns of the position.     |                      |             |
|   | Signature of New Reg             | gistered Agent, if changing  | ·                       |                      |             |

Check if applicable

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

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>    | <u>John Doc</u>                       |                                      |
|-------------------------------|--------------|---------------------------------------|--------------------------------------|
| X Remove                      | <u>v</u>     | Mike Iones                            |                                      |
| _X Add                        | <u>sv</u>    | Sally Smith                           |                                      |
| Type of Action<br>(Check One) | <u>Title</u> | Name                                  | <u>Addres</u> s                      |
| I) X Change                   | <u>P</u>     | John Elliott                          | 13740 sw 49th pl ocala fl 34481      |
| Add                           |              |                                       |                                      |
| Remove                        |              |                                       |                                      |
| 2) x Change                   | VP           | Joseph Madonia                        | 13115 w hwy 328 Ocala 34482          |
| Add                           |              |                                       |                                      |
| Remove 3) Change              | <u>S</u>     | John V Ardito                         | 35730 Thrill hill rd Eustis fl 32736 |
| $X \longrightarrow Add$       |              | · · · · · · · · · · · · · · · · · · · |                                      |
| Remove                        |              |                                       |                                      |
| 4) Change                     |              |                                       |                                      |
| Add                           |              |                                       | 2020                                 |
| Remove                        |              |                                       | SEP 10                               |
| 5) Change                     |              |                                       | 111                                  |
| Add                           |              |                                       | ~ ~ <del>*</del> ~ ~ *               |
| Remove                        |              |                                       |                                      |
| n Change                      |              | -                                     |                                      |
| Add                           |              |                                       |                                      |
| Remove                        |              |                                       |                                      |

| 8/22/2020  |                                    |
|--|------------------------------------|
| The date of each amendment(s) adoption:  | , if other than the                |
| date this document was signed.   | , outer man me                     |
| 8/22/2020  |                                    |
| effective date <u>if applicable</u> :  |                                    |
| (no more than 90 days after amendment file date)   | <del></del>                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.   | I not be listed as the             |
| doption of Amendment(s) (CHECK ONE)  |                                    |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.  | i shareholder                      |
| 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)   | 2020<br>2020                       |
| 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)  | SEP 10 PM 12: 54  WANTED PM 12: 54 |
| John Elliott   |                                    |
| (Typed or printed name of person signing)  |                                    |
| President  |                                    |
| (Title of person signing)  |                                    |

. . .