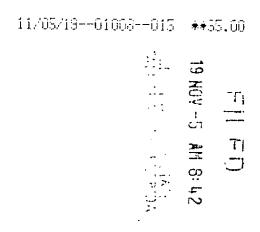
P120000 13955

(Re	equestor's Name)	
(Ad	dress)	
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T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: MILLING ASPHA	LT TRUCKING CORP.	
DOCUMENT NUMBI	ER: P12000013955		
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
J	IAIME GUARNIZO		
_		Name of Contact Person	
i	MILLING ASPHALT TRUC	KING CORP.	
-		Firm/ Company	
	12230 NORTHOVER LOOP	• •	
_	-	Address	
(ORLANDO.FL 32824		
-		City/ State and Zip Code	:
JAIMI	E.GUARNIZO59@GMAIL.C	COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
		221	220.2160
JAIME GUARNIZO		at ()
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 nhassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MILLING ASPHALT TRUCKING CORP.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P12000013955	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
	-7 9
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position.
т петелу ассерт те арранитет ак текзметей акет. Т	um jummur inter une decept me vongations of the position.
Signa	ture 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)

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. Ras a Change.

Mike Jones, V as Rem Example:	ove, and Sal	ly Smith, SV as an Add.	200
X Change	<u>PT</u>	John Doe	i i
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	့် တွဲ
Type of Action (Check One)	<u>Title</u>	Name	Address 5
1) Change	<u>р</u>	FRANCISCO DIAZ	2714 BALFORN TOWER EAY
Add			WINTER GARDEN, FL 34787
X Remove			
2) X Change	P	JAIME GUARNIZO	12230 NORTHOVER LOOP
Add			ORLANDO,FL 32824
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
IME GUARNIZO 100% OWNER		
	<u></u>	
	***	19
	· .	ÅON (
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	-	- A(
provisions for implementing the amendment if not contained in the amendment itself:	•	ហ់
(if not applicable, indicate N/A)) = 1.
	<u> </u>	တ္
	į÷	42
	<u> </u>	
		

The date of each amondments	10/31/2019	_, if other than
The date of each amendment(state this document was signed.	s) adoption:	_, ii omei man
-	10/31/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement 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)	ى سىد
	(voting group)	5 *
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	NOV -5
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
10/31/ Dated		8: 42
Signature 💉	- Minuari 1.	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JAIME GUARNIZO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	