## P12000023768

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	JJ TRUCK &	HEAVY EQUIPMENT RI	EPAIR, INC		
DOCUMENT NUMBER:	P17000033768				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		HERBERT E LEON			
	Name of Contact Person				
	JJ TRUCK & HEAVY EQUIPMENT REPAIR, INC				
		Firm/ Company	_		
	508 W ALVERDEZ AVENUE				
	Address				
- 0		CLEWISTON, FL 33440	)		
		City/ State and Zip Cod	e		
jorge.caro56@y	ahoo com				
		sed for future annual report	notification)		
<b>~</b> ·····		•	,		
For further information concerning	ng this matter, pleas	se call:			
HERBERT E LEON		at (	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	urtment of State:		
	.75 Filing Fee & tificate 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 Tailahassee, 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

JJ TRUCK & HEAVY EQ	UIPMENT REPAIR. INC
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P1200002	3768
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	<del></del>
tFlorida str	vet address)
New Registered Office Address:	, Florida
	(City) (Zip Coder
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	; vith and accept the obligations of the position.
Signature of New R	egistered 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, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>1.d</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTS	BENJAMIN C GONZALEZ	741 RIDGE DR LOT 27
X Add			CLEWISTON, FL 33440
Remove			·
2) Change	VP	PEDRO TORRES	804 S CORONA ST
X Add			CLEWISTON, FL 33440
Remove			
3 ) Change	P	HERBERT E LEON	508 W ALVERDEZ AVE
Add			CLEWISTON, FL 33440
X Remove			
4) Change	VP	TIBURCIO LEON	508 W ALVERDEZ AVE
Add			CLEWISTON, FL 33440
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Articl neets, if necessary).	(Be specific)			
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	rovides for an exchai	nge, reclassificatio	n, or cancellation o	of issued shares,	
an amendment pr	1 4 4	<u>lment if not_contai</u>	ined in <u>the am</u> endn	<u>ient itself:</u>	
provisions for imp	lementing the amend				
provisions for imp	ole, indicate N/A)				
provisions for imp	lementing the amend				
provisions for imp	ole, indicate N/A)				
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provisions for imp	ole, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	етен
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Herbert Lean	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator + if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	ourt
1/2/1/2	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	