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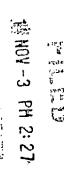
(Requestor's Name)		
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PICK-UP WAIT	MAIL.	
(Business Entity Name)		
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Certified Copies Certificates of S	itatus	
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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Bach Trucking, Inc DOCUMENT NUMBER: P12000042015			
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Miranda Sanders			
Name of Contact Person			
Bach Trucking, Inc			
294 CR 312			
Address			
Bushnell, FL 33513			
City/ State and Zip Code			
msanders.bach@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Miranda Sanders352, 568-8971			
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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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

Bach Trucking, Inc		5
(Name of Corporation as currently filed	with the Florida Dept. of State)	
P12000042015		
(Document Number of Co	prporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Profit Corporation</i>	adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	•
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abilia. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRICATION OF THE ADDRICATION OF T	"Inc," or "Co". A professional corp breviation "P.A." ESS)	oration name must contain the
new registered agent and/or the new registered off		name of the
Name of New Registered Agent		
	(Florida street address)	_
New Registered Office Address:	, Flori	ida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		ions 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)

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>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Billy Montgomery	PO Box 69
Add		_	Lake Panasoffkee, FL 3353
Remove			
2) Change	VP	Christopher Stephens	294 CR 312
Add			Bushnell, FL 33513
Remove			
3) Change		<u> </u>	
Add			
Remove			and the second s
4) Change		_	_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

COOKA GRADHORAL SARRES AL DECESSOFYE	icles, enter change(s) here: (Re specific)
attach additional sheets, if necessary).	(be specific)
	
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an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) at date this document was signed.	loption;	, if other than the
Effective date if applicable:		
Enective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_10/30/20	014	
Signature		
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Miranda Sanders	
	(Typed or printed name of person signing)	■ 17 - 0 -
	Secretary	
	(Title of person signing)	