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And

AUG 19 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALPS True	cking. Inc.
DOCUMENT NUMBER: P1200043	9
The enclosed Articles of Amendment and fee are subm	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Lisa C	Name of Contact Person
ALPS Tru	CKING INC. Firm/Company
1146 Ch	erokee Ave . Address
<u>Lehigh Acc</u>	City/ State and Zip Code
E-mail address: (to be used	2 yahoo.com d for future annual report notification)
For further information concerning this matter, please	call:
Lisa Coliqueo Name of Contact Person	at (<u>239</u>) <u>603 - 5284</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
□ \$35 Filing Fee	✓ \$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 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

ALPS Trucking Inc.	14 73 第 1 7 2 3
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000043545	Besch Commence with
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1146 Cherokee Ave.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1146 Cherokee Ave. Lehigh Acres, FC. 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1146 Cherokee Ave. Lohigh Acres, FC. 33936
	Lohigh Acres, FC. 33936
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent Lisa Colique	0
1144 Cherok (Floridas	treet address)
New Registered Office Address: Lehigh Acres	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. Yam familian	
Thereby accept the appointment as registered agent. I diffrantial	2
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 <math>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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove	<u>P</u> _	Abel Perez	2716 Rena Lane Lehigh Acres, FC.33971
2) Change Add Remove	P	Lisa Coliqueo	1146 Cherokee Ave. Lehigh Acres, FL. 33936
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additiona	dding additional At I sheets, if necessary)	. (Be specific)	<u>re(s) nere</u> .		
_N/A					
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<u>If an amendmen</u>	t provides for an ex	change, reclassific	ation, or cancell	ation of issued s	<u>hares,</u>
fifnet and	implementing the an icable, indicate N/A)	nendme <u>nt if not co</u>	ntained in the ar	nendment itself:	<u>i</u>
	icubie, maicute WA)				
NA		·			<u> </u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 8/7/2014 (no more than 90 days after amendment file date)	
(nb more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 7 2014	
Signature	
(By a director, president of 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)	
Lisa, Caliqueo	
(Typed of printed name of person signing)	
President	
(Title of person signing)	