Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000137660 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.

Account Number : I20110000033 Phone

: (786)360-2879

Fax Number

; (786) 362-5270

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN FRIENDLY TRUCKING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	. \$35.00

Electronic Filing Menu

Corporate Filing Menu





May 23, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FRIENDLY TRUCKING INC 2735 FOXHALL DR E WEST PALM BEACH, FL 33417

SUBJECT: FRIENDLY TRUCKING INC

REF: P12000046755

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II FAX Aud. #: H12000137660 Letter Number: 512A00015117

RECEIVEN

DEFENDENT OF SAMPERATIONS

2012 MAY 24 AN 8-07

HOT IN TRUE OF FINE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRIENDL DOCUMENT NUMBER: P12000046	Y TRUCKING 755	G INC
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
LUIS A SUAR	Name of Contact Perso	on .
Curs Val	Firm/ Company	
2735 FOXGAL		
WEST PALM		
41.0011.004.01	City/ State and Zip Coo	de
ALCSINC@AOL.	COM sed for future annual report	notification)
B-man stuttess, (to be u	sed for ruture annual report	. nonteation)
For further information concerning this matter, please	se call:	
A & L CARRIER SERVICES INC	_{at (} 786	,360-2879
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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	Amend Division Clifton 2661 E	Address Iment Section In of Corporations Building Xecutive Center Circle Issee, FL 32301



Articles of Amendment to 🕝 Articles of Incorporation

FRIENDLY TRUCKING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1	20	OO	04	67	55

(Document Number of Corporation (if known)

amendment(s) to

If amending name, enter the new name of the cor	poration:		T
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp." rd "chartered," "professional association." or the al	"Inc," or "Co". A profess		
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDR</u>	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name	e of the
Name of New Registered Agent			
	(Floridu street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Office Address:	, 	, Florida_	(Zip Code)

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)

(Anach additional sheets, y 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>_X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	P	ALVARÓ RAMIREZ	2735 FOXHALL DR E WEST PALM BEACH FL 33417
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5) Change Add Remove			
6) Change Add			

	i sheets, if necessary).	. (Be specific	<i>")</i>			
						
				<u></u>		
			•			
	·					
	_					
	·					
					<u> </u>	
		 -				
			<u> </u>			
····						
					<u> </u>	
						
						
provisions f <u>or in</u>	t provides for an exc aplementing the ame able, indicate N/A)	hange, reclass endment if no	ification, or ca t contained in	ncellation of iss	ued shares, itself:	
provisions f <u>or in</u>	mplementing the amo	hange, recluss endment if no	ification, or co	ncellation of iss the amendment	ued shares, itself:	
provisions f <u>or in</u>	mplementing the amo	hange, reclass endment if no	ification, or co	ncellation of iss the amendment	ued shares, itself:	
provisions f <u>or in</u>	mplementing the amo	hange, reclass endment if no	ification, or ca	ncellation of iss the amendment	ued shares. itself:	
provisions f <u>or in</u>	mplementing the amo	hange, recluss endment if no	ification, or ex	ncellation of iss the amendment	ued shares, itself:	
provisions f <u>or in</u>	mplementing the amo	hange, reclass endment if no	t contained in	ncellation of iss	ued shares, itself:	
provisions f <u>or in</u>	mplementing the amo	hange, reclass	ification, or ca	ncellation of iss	ued shares, itself:	

The date of each amendment(s) adoption: MAY 23 2012
Effective date if applicable: MAY 23 2012
(no 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" (voting group)
(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 MAY 23 2012
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)
LUIS A. SUAREZ
(Typed or printed name of person signing)
VP .
(Title of person signing)