

7/8/2019

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H190002072243))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : 120140005047
Phone : (813) 774-4726
Fax Number : (813) 617-2156

Enter the email address for this business entity to be used for future annual report filings. Enter only the email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
GF HERNANDEZ TRUCKING INC

Certificate of Status	0
Verified Copy	0
Page Count	04
Estimated Charge	\$35.00

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FILED
19 JUL 11 AM 9:24
TALLAHASSEE, FLORIDA

RECEIVED

2019 JUL 11 PM 2:45

STATE OF FLORIDA

JUL 12 2019
S. YOUNG

850-617-6381

7/9/2019 9:50:48 AM PAGE

1/001 Fax Server



July 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GF HERNANDEZ TRUCKING INC
11708 MEADOW DALE DR
TAMPA, FL 33625US

SUBJECT: GF HERNANDEZ TRUCKING INC
REF: F12000070676

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

The registered agent must sign accepting the designation.

PAGE 1 OF 4 DID NOT PRINT COMPLETE

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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H19000207224
Letter Number: 519A00013754

RECEIVED
2019 JUL 11 PM 2:45
TALLAHASSEE, FL

COVER LETTERTO: Amendment Section
Division of Corporations

GE HERNANDEZ TRUCKING INC

NAME OF CORPORATION:

P12000070676

DOCUMENT NUMBER:

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRIAM VARGAS

Name of Contact Person
TRUCKING PERMITS & MORE LLCFirm/ Company
1721 W HILSBOROUGH AVEAddress
Tampa FL 33603

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM VARGAS

813

7744726

at ()

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☐ \$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)**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

GF HERNANDEZ TRUCKING INC

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

P12000070676

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A.,"

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

JOANNA HERNANDEZ

Name of New Registered Agent

186 SW 1 ST

(Florida street address)

HOMESTEAD

33030

New Registered Office Address:


Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 P, 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	JOANNA HERNANDEZ	186 SW 1 ST HOMESTEAD FL 33030
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	GIANNY HERNANDEZ	186 SW 1 ST HOMESTEAD FL 33030
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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[illegible]

The date of each amendment(s) adoption: 7/8/19, 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 date will not be listed as the document's effective date on the Department of State's records.

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)

☐ 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 7/8/19

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)

JOANNA HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)