## P12000074864

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	- 10 y	•
NAME OF CORPORATION:A&B Truckin	ng Services Inc	
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
ALAIN MEDINA		
A&B TRUCKING SER	Name of Contact Person	n
421 LAKE DAVENPOI	Firm/ Company RT BLVD	
DAVENPORT FL 3389	Address 7	
	City/ State and Zip Cod	e
LEIDYL83@YAHOO.	СОМ	
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	, please call:	
ALAIN MEDINA	407 at (	668-9572
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	_	☐\$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	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A	Æ٠	В	Т	ĸ	IJ(	`K	IN	G	S	FR	VΒ	CE:	ŠΙ	N	Γ.

(Name of Corporation as currently filed	with the Floride Dent, of State)
P12000074864	with the Fibrida Dept. of State)
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation;	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "compan "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe. "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	202
	Sager C A
C. Enter new mailing address, if applicable:	, 5
(Mailing address MAY BE A POST OFFICE BOX)	
	11 2
	59
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:  Name of New Registered Agent	Florida, enter the name of the
(Florida street addr	ess)
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	I accept the obligations of the position.
Signature of New Registere	ed Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
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	MARTHA G. RAMIREZ	421 LAKE DAVENPORT BLVD
X Add			DAVENPORT FL 33897
Remove			
2) Change	S	LEIDY L MEDINA	421 LAKE DAVENPORT BLVD
X Add			DAVENPORT FL 33897
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	ing additional Article neets, if necessary). (		<del></del> .		
	MIREZ AS VICE PRE		LEIDY L MEDIN	A AS SECRETARY.	
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f an amendment p	rovides for an exchan	ge, reclassification,	or cancellation of	issued shares,	
provisions for imp	lementing the amend	ment if not containe	ed in the amendme	<u>nt itself:</u>	
(if not applicab	ble, indicate N/A)				
	<del> </del>				,

• • •	09/16/2020
The date of each amendment(s) ad	option:, if other than
date this document was signed.	
	5/2020
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) (Ticient for approval.
☐ The amendment(s) was/were approvided for a	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 f	for the amendment(s) was/were sufficient for approval
by	; <del>"</del>
-, <u> </u>	(voting group)
09/16/2020	
Dated	
Signature	rector, president or other officer – if directors or officers have not been
` -	by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
• •	
	ALAIN MEDINA
-	(Typed or printed name of person signing)
	( ) prints man a prints,
	-trosident
-	(Title of person signing)
	(Title of beroom signing)