P12000074864

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500355423285

11/20/20--01013--003 **35.00

26-0 may 50 PM 5: 10

JAN 0-9 2021 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations A&B Trucking Services Inc. NAME OF CORPORATION: P12000074864 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALAIN MEDINA Name of Contact Person A&B TRUCKING SERVICES INC. Firm/ Company 421 Lake Davenport Blvd Address DAVENPORT FL 33897 City/ State and Zip Code LEIDYL83@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 ALAIN MEDINA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A&B TRUCKING SERVICES INC

(Name of Corporation as currently P12000074864	filed with the Florida Dep	ot. of State)		_
(Document Number of	Corporation (if known)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation a	adopts the following	ng amendment(s)	to
A. If amending name, enter the new name of the corporation:			The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			ion "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			26.55 F	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the na	ome of the	D PK 5: 10	
Name of New Registered Agent			_	
/Florida stree	et address)			
New Registered Office Address:	City)	_, Fłorida(Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligation	ns of the position.		
Signature of New Reg	gistered Agent, if changing		_	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action	<u>Title</u>		<u>Name</u>	Address
(Check One)	VP		MARTHA G. RAMIREZ	421 Lake Davenport Blvd
1) Change		_		DAVENPORT FL 33897
Add X Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)			
			<u> </u>	
				
		-		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
•			<u> </u>	
<u> </u>				
<u></u>				
				
	 -			
f an amendment provides for an exc	hange, reclassification,	or cancellation of issue	ed shares,	
If an amendment provides for an exc	hange, reclassification, o	or cancellation of issue	<u>ed shares,</u> self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issue	ed shares, self:	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, of endment if not contained	or cancellation of issued in the amendment it	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issued in the amendment it	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issued in the amendment it	ed shares. self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issued in the amendment it	ed shares. self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issued in the amendment it	ed shares. self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issued in the amendment it	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issu	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not contained	or cancellation of issudin the amendment it	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not contained	or cancellation of issu	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issuding the amendment it	ed shares, self:	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, endment if not containe	or cancellation of issuding the amendment it	ed shares, self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issudin the amendment it	ed shares. self:	
provisions for implementing the am	hange, reclassification, endment if not containe	or cancellation of issudin the amendment it	ed shares. self:	

The date of each amendment(s) a date this document was signed.	doption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	lock 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 ad action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	pted by the shareholders. The number of votes cast for the amendment(s) flicient 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 cas	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
11/15/20	0
Dated	
o:	\mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M} \mathcal{M}
Signature	redtof president or other officer – if directors or officers have not been
selecty	by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	ed fiduciary by that fiduciary)
	ALAIN MEDINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)