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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JSM HAULING IN	IC				
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.				
Please return all corresp	pondence concerning this mat	ter to the following:				
	ВНА	RAT PEARAYLALL				
-	 -	Name of Contact Person	n			
	JSM TRUCKING INC					
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	· ·			
		12749 Grovehurst Avenue				
-	Address					
	Winter Garden, FL 34787					
-		City/ State and Zip Code	e			
	dsinght	ax@gmail.com				
		ed for future annual report	notification)			
For further information	concerning this matter, please	e call:				
Bharat Pearaylall		at (321	de & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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

of 17 APA 19 P

JSM HAULING INC

(Name of Corporati	on as currently fi	led with the Flórida Dept. of State)
P120	00089874	
/Dague		
(Docur	nent Number of Co	rporation (if known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Flo	rida Profit Corporation adopts the following amendment
If amending name, enter the new name of the co	orporation:	
JSM TRUCKING INC	·····	
<u> </u>		The new
	," "Inc," or "Co"	"company," or "incorporated" or the abbreviation '. A professional corporation name must contain the ."
Enter new principal office address, if applicable		· · · · · · · · · · · · · · · · · · ·
^p rincipal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)	
	_	
	-	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	(X)	
	-	
	_	
. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter the name of the
non roganistic angent with a restrict to the roganistic and	<u>.</u>	
Name of New Registered Agent	i	
	(Florida street a	uddress)
Non-Pro-internal Office Address		Flavida
New Registered Office Address:	(Cit	, Florida
	(6.1)	(2) 0000
ew Registered Agent's Signature, if changing Reg	distered Agent:	
hereby accept the appointment as registered agent.		and accept the obligations of the position.
	-	· · ·
Sian	ature of New Region	tered 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 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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change	~ ~~	···•		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
				-
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

ii amendir Attach <i>add</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
<u>.</u>	<u> </u>	
	Λ Λ	
	74 14	
provision:	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
	·	
	. [^	
	NA	
	·	

The date of each amendment(s) adoption: Abril 10th, 2017 date this document was signed.	, if other than the
Effective date if applicable: Abril 10th 2017 (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 document's effective date on the Department of State's records.	not be listed as the
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.	
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)	_
BHARAT PEARAYLALL (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	