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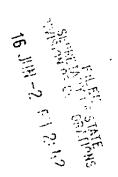
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COVER LETTER

•	,	COVER LETTER) /
TO: Amendment Section Division of Corporati	ions			To Market State of the State of
NAME OF CORPORAT	TON:EVER'S TRUCK	KING, INC		
DOCUMENT NUMBER	P12000104587			19. July 19.
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.		(ب
Please return all correspon	dence concerning this ma	tter to the following:		•
Hile	da Cardenas			
		Name of Contact Person		
EV				
		Firm/ Company		
168	880 GATOR RD SUITE#1	01		
For	t Marga / Florida / 22012	Address	<u> </u>	
	t Myers / Florida/ 33912	City/ State and Zip Code	3	
	00.0	Only of the time 2/p code	•	
etrucking	09@gmail.com E-mail address: (to be us	ed for future annual report	notification)	
	· ·	,	·· ,	
For further information co	ncerning this matter, pleas	e call:		
Hilda Cardenas		786 714033	9,	
Name of C	ontact Person		de & Daytime Telephone Number	_
Enclosed is a check for the	e following amount made	payable to the Florida Depa	rtment 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)	
Amenda Division P.O. Bo	Address nent Section of Corporations x 6327	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

16 May Charles

EVER'S TRUCKING INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)
PIDDO	11111587
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
	treet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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 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	$\underline{\mathbf{v}}$	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	CEO		ROSMARI HONDARES	16880 GATOR RD #101		
Add				FORT MYERS, FL 33912		
X Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		·				
Add				Acceptance of the second secon		
Remove				Alternative Augustian Augustian Augustian Augustian Augustian Augustian Augustian Augustian Augustian Augustia		
6) Change						
Add						
Demove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
•		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
of not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 2/25/2016 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 with document's effective date on the Department of State's records.	II 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)	
(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.	
5/24/16	
Dated	
Signature Grey	
(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)	
Hilda Cardenas	
(Typed or printed name of person signing)	
President	
(Title of person signing)	