## P13000025425

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PLK TRUCKING	INC	
DOCUMENT NUME	BER: P13000025425		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	iter to the following:	
	CONCEPCION LUMBI TIN	OCO .	
		Name of Contact Person	1
	PLK TRUCKING INC		
		Firm/ Company	
	5409 GREENFIELD ACRES	SRD	
	. = +54146	Address	
	LAKELAND, FL 33810		
		City/ State and Zip Cod	e
For further information	lz-mail address: (to be us	sed for future annual report se call:	notification)
CONCEPCION LUM	BLTINOCO		983-3759
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check to	the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52,50 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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
1 (1)11	representative to the state of 1.77		assee, FL 32301

## Articles of Amendment to Articles of Incorporation

οf

PLK TRUCKING INC	<u> </u>
(Name of Corporation as currently filed with the Florida Dept.	of State)
P13000025425	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adits Articles of Incorporation:	upts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpo. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	'ated" or the abbreviation tion 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 <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	e of the
Name of New Registered Agent	
(Florida street address)	
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	<del></del>

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; CE() = Chief Executive Officer; CF() = Chief Financial Officer. If an officer/director holds more than one title, list the first lener of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Xample; X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	p	JAVIER A. BUCARDO	5409 GREENFIELD ACRES RD
Add			LAKELAND, FL 33810
X Remove			
2) Change	PVTS	CONCEPCION LUMBI TINOCO	5409 GREENFIELD ACRES RD
XAdd			LAKELAND, FL 33810
Remove			
3 ) Change	4		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<u>-</u>	
Add			****
Remove			

lf amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific) -	<del></del>		
	- · · ·			
	<del>.</del>			
		_		
			<u> </u>	
				<del> </del>
	<del></del>			
		<del>`</del>		
f an amendment provides for an excl	ange, reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not conta</u>	uned in the amend	ment itself:	
				<del></del>
				<del></del>

	tion:	if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, thi tment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment for approval.	ent(s)
	ved by the shareholders through voting groups. The following starch voting group entitled to vote separately on the amendment(s):	tement
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	tvoting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareh	older
action was not required.	ed by the incorporators without shareholder action and shareholde	
Dated	1/15/2017	
Signature <u>2</u> (B) a direc selected, b	etor, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other	een court
	fiduciary by that fiduciary)	
JA —	VIER A. BUCARDO	
	(Typed or printed name of person signing)	
PR	ESIDENT	

(Title of person signing)