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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN **ODESSA INTERMODAL INC**

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Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUL 2 6 2018

S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Sect Division of Corp			
	ODESSA INTERN	MODAL INC	
NAME OF CORPOR	RATION: P13000031277		
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	binitied for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARAMIS SANCHEZ		
		Name of Contact Person	1
		Firm/ Company	
	1429 VILLA CAPRI CIRCL	· · ·	
	ODESSA FL 33556	Address	
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MYRIAM VARGAS		813 at (774–4726
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
S35 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)
Am	iling Address endment Section	Amend	Address ment Section
	ision of Corporations . Box 6327		n of Corporations Building
	ahassee, FL 32314		xecutive Center Circle
		Tallaha	issee, FL 32301

Articles of Amendment Articles of Incorporation of

currently filed with the Florida Dept. of State)
umber of Corporation (if known)
tes, this Florida Profit Corporation adopts the following amendment(s) to
tion:
The new
rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viotion "P.A."
·
-n Be
lce address in Florida, enter the name of the address:
utort.
londa stret address)
, Florida
(Cirv) (Zin Code)

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 $Executive \ Officer; \ CFO = Chief \ Financial \ Officer. \ If \ an \ officer/director \ holds \ more \ than \ one \ title, list the first letter \ of \ each \ officer/director \ holds \ more \ than one \ title, list the first letter \ of \ each \ officer/director \ holds \ more \ than one \ title, list the first letter \ of \ each \ officer/director \ holds \ more \ than one \ title, list the first letter \ of \ each \ officer/director \ holds \ more \ than one \ title, list the first letter \ of \ each \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ more \ than one \ title \ officer/director \ holds \ holds$ held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Dae 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>P T</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	SHIRLEY SANCHEZ	1429 Villa Capri Circle Unit 206
X Add			Odessa FL 33556
Rensove			
2) Change			
Renxive			
3.)Change			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

Attach rulditional sh	inets, if necessary).	(Be specific)				
						
·						
						
					<u> </u>	
-						
f an amendment p	rovides for an exc elementing the any	hange, reclassif	ication, or canc	ellation of issue	d shares,	
if not applicate	ble, indicate N/A)	enument it not	concanco in rife	: amengment us	cu:	

7/25/18
The date of each amendment(s) adoption:
Effective date if applicable:
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
7:25/18
Dated
Signature Aramis Sanchez
(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)
ARAMIS SANCHEZ
(Typed or printed name of person signing)
P
(Title of person signing)