

P1300000 35563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

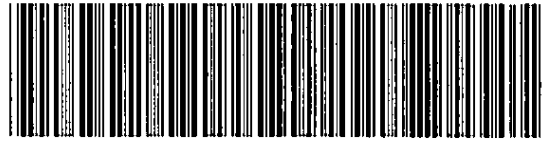
(Document Number)

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06/29/20--01008--023 **35.00

R. WHITE
SEP 01 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRINY TRUCKING CORP

DOCUMENT NUMBER: P13000035563

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRINIDAD INSUASTY
Name of Contact Person
TRINY TRUCKING CORP
Firm/ Company
8358 MULLIGAN CIR
Address
PORT ST LUCIE, FL 34986
City/ State and Zip Code
TRINYINSUATY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRINIDAD INSUASTY at (772) 267-1568
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2020

TRINIDAD INSUASTY
8358 MULLIGAN CIR
PORT ST LUCIE, FL 34986

SUBJECT: TRINY TRUCKING CORP
Ref. Number: P13000035563

We have received your document for TRINY TRUCKING CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00015541

Articles of Amendment
to
Articles of Incorporation
of

TRINY TRUCKING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000035563

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8358 MULLIGAN CIR

PORT ST LUCIE, FL 34986

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8358 MULLIGAN CIR

PORT ST LUCIE, FL 34986

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

TRINIDAD E INSUASTY

8358 MULLIGAN CIR

(Florida street address)

New Registered Office Address:

PORT ST LUCIE,

Florida 34986

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>TRINIDAD INSUASTY</u>	<u>2353 SE CALCUTTA CIR</u>
<input type="checkbox"/> Add			<u>PORT ST LUCIE, FL 34952</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>TRINIDAD INSUASTY</u>	<u>8358 MULLIGAN CIR</u>
<input type="checkbox"/> Add			<u>PORT ST LUCIE, FL 34986</u>
<input type="checkbox"/> Remove			<u>2353 SE CALCUTTA CIR</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>FREDY INSUASTY</u>	<u>PORT ST LUCIE, FL 34952</u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>VP</u>	<u>FREDY INSUASTY</u>	<u>8358 MULLIGAN CIR</u>
<input checked="" type="checkbox"/> Add			<u>PORT ST LUCIE, FL 34986</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change			<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change			<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NONE

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

JUNE 23/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

JUNE 23, 2020

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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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):*

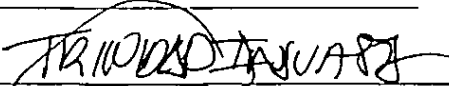
"The number of votes cast for the amendment(s) was/were sufficient for approval

by ONE _____."
(voting group)

06/23/2020

Dated _____

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)

TRINIDAD INSUASTY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)