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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	TRUCKCO INC			
P13000039428  DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this matter to the following:				
NATALY VASQUEZ				
	Name of Contact Person			
TRUCKCO				
· Firm/ Company				
5701 NW 112TH AVE 114				
DORAL, FL 33178	Address			
	City/ State and Zip Code			
NATALY@DORALTOURS.COM				
E-mail address:	(to be used for future annual report notification)			
For further information concerning this matter, please call:				
NATALY VASQUEZ 786 284-2308				
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:				
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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

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TRUCKCO INC		± €.	are of a half	AĞ
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	SELE-	
P13000039428		7And	45	•
(Document Number	of Corporation (if known)	198		
Pursuant to the provisions of section 607.1006, Flor Incorporation:	rida Statutes, this <i>corporatio</i>	n adopts the following	g amendment(s)	to its Articles
A. If amending name, enter the new name of the	corporation:			
			,	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	erp," "Inc," or "Co". A pi	any," or "incorporat rofessional corporatio	ed" or the abb	reviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new register.	tered office address in Flo ed office address;	rida, enter the name	<u>of the</u>	
Name of New Registered Agent				
•         • <u> </u>				
	(Florida street addre	ss)		
New Registered Office Address:	<u>.</u>	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and ac	ecept the obligations o	f the position.	
Signature of	New Registered Agent, if ch	nanging		

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1 Change	Р	NUR M VASQUEZ	5701 NW 112 AVENUE
Add			114
X Remove			DORAL, FL 33178
2) Change	D	ARMANDO A VASQUEZ	5701 NW 112 AVENUE
Add			114
X Remove	•		DORAL, FL 33178
X Change	Р	ARMANDO VASQUEZ	5701 NW 112 AVENUE
Add			114
Remove			DORAL, FL 33178
X 4) Change	VP	NATALY VASQUEZ	5701 NW 112 AVENUE
Add			112
Remove			DORAL, FL 33178
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

	y). (Be specific)			
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	) days after amendment file date)
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Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	**
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required. ☐ The amendment(s) was/were adopted by the incorporators without the incorporators without the incorporators without the incorporators.	without shareholder action and shareholder
action was not required.	
Dated 4-22-2015	<del></del>
Signature NUR VONSURZ	
	er – if directors or officers have not been e hands of a receiver, trustee, or other court
	DUE Z name of person signing)
	SIDENT -
(Title of person	i signing l