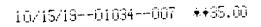
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(Req	uestor's Name)	
(Add	ress)	
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Special Instructions to Fi	iling Officer:	





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T SCHROEDER

COVER LETTER

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	lara	Truck	ing IhC.	
NAME OF CORPOR	DIONA P	50010		
DOCUMENT NUME	BER: 130000	20010		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	aina	a Roche	7	
	AB	Pl Contact Person	CS	
	1100	Firm/ Company / DAH	Street , Ste	0
	Hiale	Address Fl	330N	
		City/ State and Zip Cod	<u>-</u>	
	<u> abli00 @</u>	yaho.	Com	
	E-mail address: (to be us	sed for future annual report	nonneanon)	
For further information	concerning this matter, pleas	se call:		
Gina	Rocha	at (305	,880-1238	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ing Address	\	Address	
Amendment Section			Amendment Section	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building	
	thassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to Articles of Inco	orporation
Lara Truck	ling Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u>P 130005001</u>	8
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this I its Articles of Incorporation:	"lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 Lesol O	Monier,
5791-A	NW 151st Street
(Florida stre	et address)
New Registered Office Address:	-UKO Florida + L 35014
•	(City) (Zip Code)
	Eq
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent. I am familiar w h - f	an and accept the obligations of the position:
Jest	Who I in
Signature of New Re	egistered 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.

Example: X Change	<u>РТ</u> <u>John Doc</u>
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change	Poly Altagracia 5791-ANW 151 Jhut
Add	Title Name Name Name Address Name Address New 151 Sheet (10 mez Espinal Micami Lakus, Fr. 33014
X Remove	33014
	P Lesbia Monier 5791-ANW 1515 street
2) Change	Miami Lakes, FL
Add	I TURES, FE
Remove	33014
3) Change	
Add	
Remove	
4) Change	
Add	
	
Remove	- SI - TI
5) Change	
Add	
Remove	·
6) Change	
Add	
Remove	

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
·		
	-	
f 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)	All Sa	<u></u>
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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	(no more than 90 days after amenda	if other than the
Note: If the date inserted in this block does no document's effective date on the Department of S		, requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		st for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g		
"The number of votes cast for the amend	lment(s) was/were sufficient for appr	oval
by	ty group)	·"
selected, by an incor appointed fiduciary b	ent or other officer – if directors or operator – if in the hands of a received	on and shareholder officers have not been trustee, or other court YAAAA
		19 OCT 15 PH