P13000050943

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF BIATE

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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OGAWA ENTERI	PRISES TRUCK USA,CO	RP
DOCUMENT NUMB	ER: P13000050943		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NEUZA CESAR		
-		Name of Contact Person	1
	ATPLUS OF MIAMI INC		
•		Firm/ Company	
	3650 NW 82ND AVE SUIT	TE 404	
		Address	
	DORAL,FL,33166		
•		City/ State and Zip Cod	e
NEUZ	ZACESAR@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
NEUZA CESAR		at (³⁰⁵	4063800
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
	ling Address		Address
	ndment Section	Amendment Section	
	sion of Corporations Box 6327	Division of Corporations Clifton Building	
	ahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OGAWA ENTERPRISES TRUCK USA,CORP		
(Name of Corporat	tion as currently filed with the Flo	orida Dept. of State)
P13000050943		
(Docu	ument Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or the	p," "Inc," or "Co". A profession	r "incorporated" or the abbreviation
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	
D. If amounting the registered agent and/or registered	and office address in Florida and	toy the marge of the
D. If amending the registered agent and/or registered agent and/or the new registered		ter the name of the
Name of New Registered Agent		
Nume of New Registerett Agent		
	(Florida street address)	
	(,	
New Registered Office Address:	(City)	, Florida (Zip Code)
		,
New Registered Agent's Signature, if changing Re		. The second second
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obugations of the position.
		77
Sig	gnature of New Registered Agent, if	· · · · · · · · · · · · · · · ·
		ARE MAY
		Sin N
		m < 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/directol 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>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>	<u>Name</u>	Address
1) Change	P	LORENA F. DE MEDEIROS	5137NW 116CT
Add X Remove			DORAL,FL,33178
2) Change	P	MARCIA M. BASSANELLO	11616 NW 51 ST TER
X Add			MIAMI,FL,33178
Remove			
3) Change			
Add			
Remove			447-1111
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
f an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	ent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)

The date of each amendment(s) adoption: _date this document was signed.	, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as of State's records.
Adoption of Amendment(s) (<u>G</u>	CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	``
(voting group)
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder
05/22/2017 Dated	
Signature	soull .
selected, by an i	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
MARCL	A M. BASSANELLO
	(Typed or printed name of person signing)
PRESID	ENT
	(Title of person signing)

the

the