Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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:oT

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007 : (305)640-0281 Phone

: (305)640-0282 Fax Number

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN E A J TRUCKING CORP

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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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TO: Amendment Section Division of Corporations

COVER LETTER

NAME OF CORPOR	E A J TRUCKING CORP ER: P13000097430	
	of Amendment and the are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	YENIEL PAULA	
•	Name of Contact Person	
	E A J TRUCKING CORP	
•	Firm/ Company	
	601 S STATE RD APT 1F	

Address
MARGATE, FL 33068

City/ State and Zip Code

laxmyc2001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON	_{at (} 305) 640-0281
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 Certificate of Status

Certificate of Status

Certificate of Status

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(Additional copy is enclosed)

S\$2.50 Filing Fee 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

FILED

2014 NOV -4 PM 4: 23 Articles of Amendment

to Articles of Incorporation ρf

TALLAHASSEE, FLORIDA

EAJTRUCKING CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P13000097430

(Document Number of Corporation (if known)

g amendment(s) to

A. If amending name, enter the new name of the corporation	in!		
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.' word "chartered," "professional association," or the abbrevia			
B. Enter new principal office address, if applicable:	601 S STATE RD 7 APT 1F		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MARGATE, FL 33068		
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 new registered agent and/or the new registered office ad			
Name of New Registered Agent			
(Flor	ida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		

If amending the Officers and/or Directors, a	nter the title and name of each officer/director being removed and title, name, and
address of each Officer and/or Director being	g ndded:
(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 Chunge	PT	<u> John Doe</u>	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Tills</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
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3) Change			
Add			
Remove			
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4) Change			
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Remove			
5) Change		_	
Add			
Remove			
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6) Change			
Add			
Remove			<u> </u>

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an omondment oppvides for an exco	hange, reclassification, or cancellation of issued shares,	
envisions for implementing the ame	endment if not contained in the amendment itself:	
irovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself;	
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11/04/2014 04:12 FAX 3056400282

LAXMY'S*CARRIER

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The date of each amendment	(s) adoption: 10/22/2014	_, if other than the
date this document was signed	•	
Effective date if applicable:	10/22/2014	
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/ver by the shareholders was/was	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed 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)	
•	(voting group)	
The amendment(s) was/well sotion was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	22/2014	
Signature _	Aud	
	by a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court eppointed fiduciary by that fiduciary)	
	YENIEL PAULA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_