P14000017843

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COVER LETTER

TO: Amendment Section

Division of Corporations Transportation **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CUNSOCHATION Firm/ Company W. Millboint habriel Cerda 95 a gmail Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Amenda	nept
to Articles of Incorpora	ation D
of	
T&G Transportation	Corp. 6 % %
(Name of Corporation as currently filed	with the Florida Dept. of State)
P140000 17843	4
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "c	ompany," 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:	0623 VV Millpoint Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Phylogen FT 33578
<u></u>	- 1 VC P V 1 T V V , 1 C S S S 10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1823 W.Millboint Rd
$\tilde{\rho}$	1/0×1/01 51 27570
	MEIVIEW, 1 L 35310
	_
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
N/A	
Name of New Registered Agent	
9823 WINNIN	Ibaint Rd
(Florida street add	ress)
New Registered Office Address: RIVEY VEW	. Florida 33578
New Registered Office Address: (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/d P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D i, if necess irector titl President = Chief i er, Director I in the for	virector be eary) le by the fi t; T= Trea Financial or would h llowing m orporation	eing added: rst letter of the office surer; S= Secretar Officer. If an office PTD. anner. Currently Jo. Sally Smith is na	ce title: ry; D= Directo ver/director hol lohn Doe is list	r; TR= Tru ds more the ed as the PS	rector being removed and title, nan stee; C = Chairman or Clerk; CEO s an one title, list the first letter of eac. ST and Mike Jones is listed as the V. To ould be noted as John Doe, PT as a C	= Chief h office There is
X Change	PT	John Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jos	nes				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name		I	Address	
1)Change		_	Gabriel	Cerda		8807 W. Millipo Riverview, FL33	INTRO
X Add						KIVEYNEW, MUSS	1518
Remove							
2) Change		_			<u> </u>		
Add							
Remove							
3) Change		_			<u> </u>		
Add							
Remove							
4) Change		_			<u> </u>		
Add							
Remove							
5) Change		_			<u> </u>		
Add							
Remove							
6) Change		_			<u> </u>		
Add							
Remove							

f amending or adding additional Articl Attach additional sheets, if necessary).	(Be specific)			
		N/A		
		10/11		.
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	<u>-, -</u>			
			 	
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				<u>. ' </u>
				
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			E	
f an amendment provides for an excha-	nge, reclassifi	ication, or cancel	lation of issued sh	ares,
provisions for implementing the amend (if not applicable, indicate N/A)	dment if not c	ontained in the a	mendment itself:	
(ij noi appiicaoie, maicaie ivis)	(1)	/A		
		177		
				
				· · · · · · · · · · · · · · · · ·
			1	

The date of each amendment(s) adoption: 5/1	/17
date this document was signed.	if other than the
Effective date if applicable: 5/1/1]
(no mor	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.	te applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	
by(voting group	
(voting group)
The amendment(s) was/were adopted by the board of caction was not required.	lirectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporal action was not required.	ors without shareholder action and shareholder
Dated 1/20/18	
Signature	Duran
	her officer - if directors or officers have not been - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fi	
Gy a c	rinted name of person signing)
nrec	ident
	(Title of person signing)