P/400035888

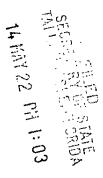
(Re	equestor's Name)	
(A d	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUN = 9 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	REFRIGERATION TRU	JCKING DIVISION INC		
	_{R:} P1400003588				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
Д	URA SARAVIA				
	Name of Contact Person				
	Firm/ Company				
3	325 CALUSA STREET LOT 203				
_		Address			
K	EY LARGO FL	33037			
		City/ State and Zip Code	2		
CAD	AV//A 2002@U/	TMAIL COM			
SAR	AVIA_2003@H0	ed for future annual report	natification		
	n-man address, (to be us	ed for future annual report	nouncation)		
For further information e	oncerning this matter, pleas	se call:			
AURA SARAVIA		at (305	986-2479 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made	oayable to the Florida Depa	rtment 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)		
Mailing Address		Street Address			
	lment Section	Amend	ment Section		
	on of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation οť

TRANSPORT REFRIGERATION TRUCKING DIVISION INC

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

P14000035888	<i>A</i>		
(Document Number of Corporation (if)	(nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following a	mendment(s) to	
A. If amending name, enter the new name of the corporation:	77	he new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," 'Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbi o" A professional corporation name must cor	reviation	
B. Enter new principal office address, if applicable:	325 CALUSA STREET LOT 203		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KEY LARGO FL 33037		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 126762		
(many marcas <u>marcas of caretan mar</u>	HIALEAH, FL 33012	SEC SEC	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	C. T. S. PH 1: 03	
(Florida stree	(address)	ω ή,	
New Registered Office Address: (City)	, Florida		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position		

Signature of New Registered 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; <u>X</u> 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)	Title	<u>Name</u>	Address
1) Change	P	JACOB GONZALEZ	325 CALUSA STREET
✓ Add		Tacobo	LOT 203
Remove		o	KEY LARGO FL 33037
2) Change	SV	AURA SARAVIA	325 CALUSA STREET
Add			LOT 203
Remove			KEY LARGO FL 33037
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

itach addition	adding additional Ar al sheets, if necessary)	(Be specific)			
		<u> </u>			
				·····	
			.		
				<u> </u>	
					
	M	· · ·			
f an amendn	ent provides for an exc	chanoe reclassifi	eation, or cance	ellation of issued	chares.
provisions fo	implementing the am	iendment if not c	ontained in the	amendment itself	<u>''</u>
(if not ap	olivable, indicate N/A)				
				-	
				<u></u>	

The date of each amendment(s) adoption: MAY 12, 2014 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : MAY 12, 2014	
(no more than 90 days after amendment file da	te)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	reholder
Dated 5/12/2014	
Signature	
(By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
AURA SARAVIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	