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(Re	equestor's Name)	·····	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
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A CONTRACTOR STATE

OCT 0 / 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corpo	prations				
NAME OF CORPOR	RATION:IYR Trucking, In	c			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Samuel Koltun				
		Name of Contact Perso	n		
	Samuel Koltun CPA				
		Firm/ Company			
	16423 Stonehaven Road				
		Address	<u> </u>		
	Miami Lakes, FL 33014				
		City/ State and Zip Cod	le		
samko	oltuncpa@gmail.com				
		sed for future annual report	notification)		
	`	•	,		
For further information	concerning this matter, pleas	se call:			
Samuel Koltun		at (305	303-6517 ode & Daytime Telephone Number		
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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)		
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			

Articles of Amendment to Articles of Incorporation of

JYR Trucking, Inc			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	27 (*	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following	ameridin	
a. If amending name, enter the new name of the corporation:		The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must c	breviatio	
B. Enter new principal office address, if applicable:	8965 22 St		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Vero Beach, FL 32966		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8965 22 ST		
	Vero Beach, FL 32966		
 If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office addresses 			
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip C	'ode)	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian			
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 <math>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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally St	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	VP		Roberto Rodriguez		8965 22 ST
X Add					Vero Beach, FL 32965
Remove					
2) Change					
Add					
Remove					
3) Change				·	
Add					
Remove					<u> </u>
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
	· · ·
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

	09/30/2015	
The date of each amendment		, if other than the
ate this document was signed		
.	09/30/2015	
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file d	
	(no more than 90 days after amendment file d	ate)
	this block does not meet the applicable statutory filing requirement Department of State's records.	nents, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the are sufficient for approval.	amendment(s)
	e approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendation	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voling group)	
- -	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action an	d shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and sha	areholder
Dated C	1-30-15	
Dated		
a:		
Signature(
•	y a director, president or other officer – if directors or officers ha	
	lected, by an incorporator - if in the hands of a receiver, trustee, or	or other court
aŗ	pointed fiduciary by that fiduciary)	
	VITSI Penn	
	(Typed or printed name of person signing)	
	(1 yped or printed name or person signing)	
	President	
	(Title of person signing)	