PH 0000 38895

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	TRIPLE J TRAII	LER RENTAL, INC.			
DOCUMENT NUMBER:	P14000038805				
The enclosed Articles of Amenda	nent and fee are sul	omitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:			
		ANTONIO GONZALEZ	:		
		Name of Contact Persor	<u> </u>		
	GC	NZALEZ & ASSOCIATE	ES P.A		
		Firm/ Company			
	8436 W OAKLAND PARK BLVD				
 	Address				
	SUNRISE, FL 33351				
		City/ State and Zip Code			
	AGONZA	ALEZ@AMEFINANCIAL	GROUP.COM		
E-ma		ed for future annual report			
For further information concerning			777 7004		
ANTONIO GONZALEZ		at (773-7286		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	urtment of State:		
	.75 Filing Fee & tificate 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 Articles of Incorporation of

TRIPLE J TRAILER RENTAL, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P14000038895 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NIA (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: GONZALEZ & ASSOCIATES P.A Name of New Registered Agent 8436 W OAKLAND PARK BLVD (Florida street address) _, Florida___ SUNRISE New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

of New Registered Agent, if changing Sighatur

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.

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>	Name	<u>Addres</u> s
1) Change	<u>P</u>	DANIEL J. SHAW	1881 SW 56 AVE
X Add			PLANTATION, FL 33317
Remove			
2) Change	P	SUZANNE L. SHAW	1881 SW 56 AVE
Add			PLANTATION, FL 33317
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary). (Be specific)				
N/A						
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an amendment	provides for an ex	change, reclassif	<u>ication, or canc</u>	ellation of issue	ed shares,	
covisions for in	aplementing the available, indicate N/A)	mendment if not	contained in the	<u>amendment its</u>	<u>self:</u>	
	abie, inaicale N/A)					
N/A						
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				-		

•	05/23/2016	
The date of each amendment(s) ac		, if other than the
date this document was signed.	06/00/0016	
Effective date if applicable:	05/23/2016	
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this be document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cafficient for approval.	ast for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder act	tion and shareholder
05/26/	2016	
DatedSignature	linanne L. Shaw)
	ireotor, president or other officer - if directors or	
	 d, by an incorporator – if in the hands of a receive ted fiduciary by that fiduciary) 	er, trustee, or other court
ц ррош	• • • • • • • • • • • • • • • • • • • •	
	SUZANNE L. SHAW	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	