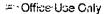
P14000079047

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
-
(Business Entity Name)
(Document Number)
(=====,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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1RM 12015

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MANNY R TRUCKING INC DOCUMENT NUMBER: P14000079047 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANUEL RUIZ-CASOLA Name of Contact Person MANNY R TRUCKING INC Firm/ Company 1041 SW 139TH CT Address MIAMI, FL. 33184 City/ State and Zip Code MANNYMANUEL1969@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANUEL RUIZ-CASOLA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy 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

is enclosed)

Articles of Amendment Articles of Incorporation

TALEAN IS PAY 7: 12

MANNY R TRUCKING INC

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

P14000079047

(Document Number of Corporation (if known)

dment(s) to

e must be distinguishable and contain the wor rp.," "Inc.," or Co.," or the designation "Corp d "chartered," "professional association," or the	," "Inc," or "Co". A professional corporation name mu
Enter new principal office address, if applicable ncipal office address <u>MUST BE A STREET ADI</u>	N/A
Enter new mailing address, if applicable:	Δ1/Δ
Mailing address <u>MAY BE A POST OFFICE BO</u>	N/A
Addiling address MAY BE A POST OFFICE BO amending the registered agent and/or registered agent and/or the new registered	red office address in Florida, enter the name of the
failing address MAY BE A POST OFFICE BO amending the registered agent and/or registe	red office address in Florida, enter the name of the
Adailing address MAY BE A POST OFFICE BO amending the registered agent and/or registered were registered agent and/or the new registered	red office address in Florida, enter the name of the

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: X Change	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	CFO	_	MAYDELIN RUIZ	1041 SW 139TH CT
Add				MIAMI, FL. 33184
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ticles, enter change(s) here: (Be specific)
I/A	
<u> </u>	
If an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption: 01/09/2015	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		_ _
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_01/09/	/2015	
Signature _ \range	Jank Ri	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	<u>-</u> ,
	MANUEL RUIZ-CASOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	