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ALLABASSEL (LOND)

JUN 23 2015 R. WHITE

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JJP TRUCKING	CORP	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
		Name of Contact Person	1
	JJP TRUCKING CORP		
		Firm/ Company	<del></del>
	6625 MIAMI LAKES DR ST	ΓE 240	
		Address	
	MIAMI LAKES, FL 33018		
		City/ State and Zip Code	e
	E-mail address: (to be us	sed for future annual report	notification)
		F	,
For further information	n concerning this matter, pleas	se call:	
_	_		
Alberto	Rodrigul Z	at (	_)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

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JIP TRUCKING CORP		
(Name	of Corporation as currently	filed with the Florida Dept. of State). 34241.
P14000092020		MALLAHASSEL, FLORDA
	(Document Number of	Corporation (if known)*
	(Document Humber of	Sorporation (it known)*
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
D. If amending the registered agent an		ss in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	ALBERTO RODRIGUEZ	
	6625 MIAMI LAKES DR S	STE 240
	(Florida stre	et address)
Non Projectore of Office Address	MIAMI LAKES	. Florida 33018
New Registered Office Address:	(1	City) (Zip Code)
		• , , ,
New Registered Agent's Signature, if c	hanging Registered Agent:	
		ith and accept the obligations of the position.
	/)	
	10//	
× 44	-9/	
1	Signature of New Re	gistered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ELAINE MAYOR	ELAINE MAYOR
Add			6625 MIAMI LAKES DR STE 24
X Remove			MIAMI LAKES, FL 33018
2) Change	Р	ALBERTO RODRIGUEZ	6625 MIAMI LAKES DR STE 24
X Add			MIAMI LAKES, FL 33018
Remove			
3 ) Change			
Add		•	
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	ticles, enter change(s) here: (Be specific)
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`	
<del></del>	
	,
f an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/11/2015 December 2015	
Signature × 2-19	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALBERTO RODRIGUEZ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	