## P140000 95577

(Re	equestor's Name)	
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## COVERLETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARMIN TRUCKIN	RG INC		
DOCUMENT NUM	BER:			
	of Amendment and fee are sul	binitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Minerva Leon			
		Name of Contact Persor	1	
	Armin Trucking, Inc			
		Firm/ Company		
	2141 SW 137 Place			
		Address		
	Miami, Florida 33175			
	City/ State and Zip Code			
	full.services@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
Minerva Leon		at (		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment fo Articles of Incorporation of

ARMIN TRUCKING, INC.

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

Pla	4000095577			
(Document	Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida</i>	Profit Corporation	a adopts the foll	owing amendment(
A. If amending name, enter the new name of the corpo	ration:			
				The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A proje.	y," or "incorporate ssional corporation	ed" or the abbre n name must co	viation "Corp.," ontain the word
				5.5
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	<del></del> -	-	<u> </u>
				1 :: 12: 4:2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				, 12
, , , , , , , , , , , , , , , , , , ,	<del></del> ,			4-
				- 22
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office <u>address in</u> ce addre <u>ss:</u>	Florida, enter the	name of the	
N. C. D. C. L. L.				
Name of New Registered Agent	<del> </del>			
	(Florida street addi	rens)		
New Registered Office Address:			Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:			
Thereby accept the appointment as registered agent. I an	n familiar with an	d accept the obliga	tions of the post	non.
Ciangum	a of More Rogiston	ed Agent, if changi		<del></del>
Signature	е ој мен пермет	са акені, у спанун	'X	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	Minerva Leon	2141 SW 137 Place
Add			Miami, Florida 33175
x Remove			
2) Change	РТ	Argelio Pupo	2141 SW 137 Place
x Add			Miami, Florida 33175
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	eets, if necessary).	(Be specific)			
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an amendme <u>nt p</u>		eadment if not cont	ained in the amend	lment itself:	
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The date of each amendment(s):	adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amountaint for approval.	endment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
Minerva Leon by		
	(voting group)	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Minerva Leon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	