## P15000085242

(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:	

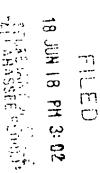
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ECO TRUCKING	INTERSTATE CORP	
DOCUMENT NUMI			
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MAGALY LUCENA		
	-	Name of Contact Person	1
	ECO TRUCKING INTERST	TATE CORP	
		Firm/ Company	<del></del>
	600 N THACKER AVE SUI	· ·	
		Address	
	KISSIMMEE FL 34741		
		City/ State and Zip Cod	2
ECO'	TRUCKINGINTERSTATE@	уаноо.сом	/
	-	sed for future annual report	notification)
Use from the control of			
For further information	n concerning this matter, pleas	se call:	
MAGALY LUCENA		at ( <u>321</u>	746-2492
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame	ling Address	Amend	Address ment Section
	sion of Corporations Box 6327		n of Corporations Building
	ahassee FL 32314		vecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>svame</u>	of Corporation as currently filed wi	th the Florida Dept. of State)			
15000005242					
<u> </u>	(Document Number of Corporat	ion (if known)			-
ursuant to the provisions of section 607 S Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida P</i>	rofit Corporation adopts the fol	lowing a	mendn	nent(s)
. If amending name, enter the new r	ame of the corporation:				
			7	he ne	′и·
	ntain the word "corporation," "com nation "Corp," "Inc," or "Co", A p ation," or the abbreviation "P.A."				
Enter new principal office address	if applicable:				_
Principal office address <u>MUST BE A.</u>	STREET ADDRESS )			533	
			TE TO	===	"TI
			<u> </u>		
Enter new mailing address, if app	licable:		144 - 16 171 - 16	79	ĖΠ
(Mailing address MAY BE A POST	OFFICE BOX		<u>n</u> -		
			i i	<u>ဒ</u>	
			:	7	
					•
	nd/or registered office address in Flo	orida, enter the name of the			
new registered agent and/or the no					
Name of New Registered Agent	MAGALY LUCENA				
	600 N THACKER AVE SUITE A-1	4			
	(Florida street address				
New Registered Office Address	KISSIMMEE FL	, Florida 34'	741		
iven registered Office rightess.	(City)	, 1 1041010	(Zip Coo	le)	
HEN REGISTER Office Agaress.	(City)		(Zip Coo	le)	

Page 1 of 4

Signolure 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 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> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PST	ORLANDO LAFFITA	600 N THACKER AVE
Add			SUITE A-14
X Remove			KISSIMMEE FL 34741
2) Change	p 	MAGALY LUCENA	600 N THACKER AVE
X Add			SUITE A-14
Remove			KISSIMMEE FL 34741
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	<del> </del>	
		_
	<del></del>	_
<del></del>		
	<del> </del>	
16d		
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
		-
	**************************************	

date this document was signed.	adoption:	_, if other tl
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
JUNE 12	2. 2018.	
Dated(		
	A MULIO	
Signature		
(By a	director, prosident or other officer - if directors or officers have not been	_
(By a select	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	
(By a select	director, prosident or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  MAGALY LUCENA	
(By a select	ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
(By a select	ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  MAGALY LUCENA	