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V HERRING MAR 2 9 2017

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Larkins moving and delivery inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gaveth A. Larkin Name of Contact Person
Larkinsmoving and deliverfine
2003 Florida Street
West palm beach, Fl 33400 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Galeth A Loykin at (501) 214-5917 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

LARKINS MOVING & DELIVERY INC

2817 HAR 27 AM 1: 09

(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000013681	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	(ESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amonding the aggistered agent and/or registered	d office address in Fig. 13.
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
No. Posta o 1000 A H	·
New Registered Office Address:	, Florida
	, Somy
New Registered Agent's Signature, if changing Registe	
hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signatu	ure 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; ČEO = 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 <math>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	<u>Doe</u>	
X Remove	V <u>Mike Jones</u>		
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	CEO	GarethALarkin	2663 Floridast West Palm Brach Florida 33404
2) Change Add Remove	CFO	Gaveth A Larkin	2663 Floridast West palm beach Elovida 33406
3) Change Add Remove	T	Gareth A Lackin	DUUS Floridast Westpalm Blach Florida 33400
4) Change Add Remove	<u> </u>		
5) Change Add Remove			
6) Change Add Remove			

Attach additional sheets, if necessary).	(Be specific)	
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I AN AMENAMENT NYAVIAES for an even	ange, reclassification, or cancellation of iss	ued shares,
provisions for implementing the amer	dment if not contained in the amendment	itealf:
provisions for implementing the amer	idment if not contained in the amendment	<u>itself:</u>
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amendment	itself:
provisions for implementing the amer	dment if not contained in the amendment	itself:
provisions for implementing the amer	idment if not contained in the amendment	itself:
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<u>provisions for implementing the amer</u>	idment if not contained in the amendment	itself:
	idment if not contained in the amendment	itself:

The date of each amendment(s) adoption:	, if other than the
uate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK @NE)	
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.	
Dated March, 23, 2017	
Signature Kull Kouf	
(By 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)	
(Typed or printed name of person signing)	
Pasiclant (Title of person signing)	