P15000023789

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, TO: Amendment Section
Division of Corporations

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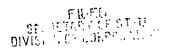
NAME OF CORPO	RATION: JR TRUCKS COR	P		
DOCUMENT NUM	BER: P15000023789			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JULIO RUIZ			
		Name of Contact Perso	n	
	JR TRUCKS CORP			
		Firm/ Company		
	9350 NW SOUTH RIVER D	RIVE		
		Address		
	MEDLEY, FL 33178			
		City/ State and Zip Cod	e	
iulio	cesarruizsalomon@gmail.com			
		sed for future annual report	notification)	
	accircus. (12 00 ac	ou to tutale amain report	, nounioution,	
For further information	on concerning this matter, pleas	se call:		
JULIO RUIZ SALO	MON	at (305	9150955	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
	iling Address		Address	
	endment Section	Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327			Building	

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



•JR TRUCKS CORP

15 AUG 24 PM 4: 17

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000023789	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
NONE	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	6 :
(Principal office address <u>MUST BE A STREET AD</u> L	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
	
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Then registered Syree Hadrens.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
i nerevy accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Sign	nature 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	NELLYFER FERR	ER	9350 NW SOUTH RIVER DR
Add X Remove				MEDLEY, FL 33178
2) Change	VP	YANEL MARTIN	EZ	20280 NW 2nd. STREET
X Add				PEMBROKE PINES FL 33029
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			·	
Add				
Remove				-
6) Change				
· · · · ·				
Add				
Remove				

Auach <i>addilion</i> d	adding additional Ar al sheets, if necessary)	. (Be specific)			
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provisions for	nt provides for an exc implementing the am licable, indicate N/A)	change, reclassific tendment if not co	ation, or cancellantained in the ar	ation of issued sh nendment itself:	ares,
 					
	40/40				

P P 1 - 6	AUGUST 01, 2015	
The date of each amendment(s) date this document was signed.	adoption:	if other than t
A	UGUST 21, 2015	ST EFFOREST PONDER THAN I
Effective date <u>if applicable</u> :	(no more than 90 days after o	amendment file date 15 AUG 24 PM 4: 17
Note: If the date inserted in thi document's effective date on the		y filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vesufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting g for each voting group entitled to vote separate	
"The number of votes ca	ast for the amendment(s) was/were sufficient for	or approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without sharehold	der action and shareholder
	T 19, 2015	
Dated	D in	
Signature Y		
(By	a director, president or other officer - if direct	
	cted, by an incorporator - if in the hands of a rounted fiduciary by that fiduciary)	receiver, trustee, or other court
арр		
	JULIO RUIZ	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person sign	ning)