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Ard JUN 18 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: JUSTIZ TRUCKS	SERVICES INC	
DOCUMENT NUMBE	P15000025420		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
D	AIKEL JUSTIZ GOMEZ		
_		Name of Contact Person	
JI	USTIZ TRUCKS SERVICE	S INC	
_		Firm/ Company	
1	6023 SADDLESTRING DE	t	
		Address	
Т	AMPA, FL 33618		
		City/ State and Zip Code	
WEND	YCABRERA1@YAHOO.C	COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information of DAIKEL JUSTIZ GOM	concerning this matter, pleas		3895693
Name of Contact Person		at (813) de & Daytime Telephone Number
	he following amount made		•
■ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to

Articles of Incorporation of

15 JUN -9 PM 1:41

JUS	TIZ	TRU	JCKS	SERV	/ICES	INC
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JUSTIZ TRUCKS SERVICES INC		`.	a water a san it was to
(<u>Name (</u>	of Corporation as curre	ently filed with the Flori	da Dept. of State)
P15000025420			
	(Document Numbe	r of Corporation (if know	
Pursuant to the provisions of section 607.		•	
ts Articles of Incorporation:			
A. If amending name, enter the new na	ame of the corporation:		
			(DI
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," of	r "Co". A professional	
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
). If amending the registered agent an	nd/or registered office a	ddress in Flarida, enter	the name of the
new registered agent and/or the new			the name of the
	WENDY CABRERA		
Name of New Registered Agent			
	12015 STEPPINGSTO	NE BLVD	
	(Florida	street address)	
New Registered Office Address:	TAMPA		, Florida 33635
New Regissered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	ent:	
hereby accept the appointment as regist			oligations of the position.
	11/21 1	_/	*
	Wendy a	Vorera	
	Signature of No.	w Registered Agent if ch	anaina

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>	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	P	DAIKEL JUSTIZ GOMEZ	16023 SADDLESTRING DR
Add			TAMPA FL 33618
X Remove			
2) Change	P	WENDY CABRERA	12015 STEPPINGSTONE BLVD
X Add			TAMPA FL 33635
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	PARTY
lf an amendment provides for an exc	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an

The date of each amendmen		, if other than the
date this document was signed	- 05/30/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	0/2015	
Dated Signature	Tould. Lothe	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	DAIKEL JUSTIZ GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u></u>