

5/2017 1:27 PM FA	X 7868596367	LAXMY	f I	Ø 0002/000
		CAVED I PTTPD		
		COVER LETTER		
TO: Amendment Section Division of Corpor				:
NAME OF CORPOR	ATION: AMED TR	UCKING CORP		•
DOCUMENT NUMB	P15000010130			
The enclosed Articles o	Amendment and fe	e are submitted for filing.		
Please return all corresp	ondence concerning	this matter to the following:		
		AMED TRUCKING: COR	p	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Porson		
	****	AMED PEREZ HERNAN	DEZ	
		Firm/ Company		
<u> </u>		5872 SW 4 ST		
		MIAMI, FL 33144		
		City/ State and Zip Code		
		laxmyc2001@yahoo.	com /	
	E-mail address: (to be used for future annual report	l l	
!				
For further information	concerning this matte	r, please cali:		
LAXMY CHACON		305	640-0281	
Name of	Contact Person	07 (e & Daytime Telephone Number	_
Enclosed is a check for	the following amoun	made payable to the Florida Depa	riment of State:	
S35 Filing Fee	□\$43.75 Filing I	ee & □\$43.75 Filing Fee &	☐\$32.50 Filing Fee	
	Cortificate of S	tatus Cartified Copy	Certificate of Status	
		(Additional copy is enclosed)	Certified Copy (Additional Copy	
			is enclosed)	
Maili	ne Address	Street	Address	
	dment Section on of Corporations		ment Section 1 of Corporations	
	Box 6327		Building	
	nassec, FL 32314	2661 E	coutive Center Circle	
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!	: P150000				
	Name of Corporation as current		ride Dept. of State)	
	1 ' '	CKING CORP			
	(Document Number of	of Corporation (if kind	wn)		
Pursuant to the provisions of section its Articles of Incorporation:	on 607.1006; Florida Statutes, this	: Florida Profit Corp	oration adopts the f	following amend	iment(s
A. If amending name, enter the	new name of the corporation;				
name must be distinguishable ar	nd contain the mond Personal	an " Page nom!" as	"incorporated" o	The i	tion Tew
"Carp" "Inc.," or Co.," or the	designation "Corp," "Inc," or	"Co". A profession	al corporation nam	e must contain	the
word "chartered," "professional c	association, " or the abbreviation	l	177		
B. Enter new principal office ad	ldress, if applicable:	621 GERALD A	V &	25	7
(Principal office address MUST !	<u>BE A STREET ADORESS</u>)	LEHICH ACRE	SS, FL 33936	(書)	APR
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	·			575-	-∵1
C. Enter new mailing address. (Mailing address MAY BE A.)	<u>if applicable:</u> POST OFFICE BOX)	621 GERALD A	VE		-2
4115 mental R. march Co. 415 1 1 1 1 1 1 1 1	7 331 41 1 43 43 43	- 		<u> </u>	N
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D. If amending the registered as	gent and/or registered office add	iress in Florida, entr		A	-≘ -
D. If amending the registered as new registered agent and/or	gent and/or registered office add the new registered office address	iress in Florida, entr		A	 -
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If amending the Office	rs and/or l	Oirectora,	enter t	he title and	name of each	officer/d	 irector being removed and title, name
nddress of each Officer Attach additional stact			ng add	ed:			
Please note the officer/a	lirector title	e by the fir	st letter	of the office	title:		
P - President: V= Vice	President;	T - Trea	urer: S	· Secretary	, D. Director,	TR- Tr	stee; C = Chairman or Clerk; CEO =
executive Officer; CFO wid. President, Treasur	er. Directo	inancial C r would be	gicer. PTD.	lf an office	r/director hold	s more in	an one title, list the first letter of each
Changes should be note	d in the foli	lowing ma	nner. C	urrently Jo	hn Doe is lister	as the P	ST and Mike Janes is listed as the V. Th
i change, Mike Jones lø Mike Jones, V as Remov	iaves the co ie. und Salt	rporation v Smith. S	. Sally S Vas on .	mith is nam Add.	ea ine v ana s	i nese si	hould he noted as John Doe, PT us a Ch
Example:			-				
X Change	PT	John Doc					
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(Check One)			1				
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The date of each ame	indment(s) adoption:	04/24/17		if other than t
date this document wa	לווג	24/17		•
Effective date if appl	nesole:	(no more than 90 days after a	nendment file date)	
Note: If the date insidecument's effective	erted in this block doc date on the Department	not meet the applicable statutory of State's records.	filing requirements, this date will	not be listed as t
Adoption of Amenda	neut(s) (S	HECK ONE		
The amendment(s)	was/were adopted by t s was/were sufficient fo	ne shareholders. The number of vo rapproval.	tes cast for the amendment(s)	
The amendment(s) must be separately	was/were approved by provided for each vol	the shareholders through voting grang group entitled to vote separatel	oups. The following statement y on the amendment(s):	
"The number	of votes cast for the an	nendment(s) was/were sufficient for	r approvai	
py			.,	
		voting group)		
The amendment(s) action was not requ		he board of directors without share	holder action and shareholder	
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! !		AMED PEREZ HERN	ANDEZ	
		(Typed or printed name of person	n signing)	
:		PRESIDENT		
:		(Title of person signi	ng)	
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