P15000032700

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

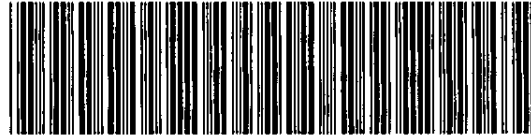☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2015 JUN 22 PM 4:00

Amend

JUN 22 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JHM TRUCKING SERVICES CORP
_____

DOCUMENT NUMBER: P15000032700
_____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZAIDA ESTRADA
_____
Name of Contact Person

YB CARRIER SERVICES INC
_____
Firm/ Company

1595 W 2 AVE
_____
Address

HIALEAH FL 33010
_____
City/ State and Zip Code

YBCARRIER@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAIDA _____ at (786____) 7036704_____
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   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                        Certificate of Status   Certified Copy   Certificate of Status
                                         (Additional copy is   Certified Copy
                                         enclosed)   (Additional Copy
                                                          is enclosed)

Mailing Address	**Street Address**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2015

ZAIDA ESTRADA
YB CARRIER SERVICES INC
1595 W 2 AVE
HIALEAH, FL 33010

SUBJECT: JHM TRUCKING SERVICES CORP
Ref. Number: P15000032700

We have received your document for JHM TRUCKING SERVICES CORP and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form and please verify the correct name for the registered agent, president and the officer signing the form as it is different from what we have on file.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II   Letter Number: 715A00011821

Money is on account.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

JHM TRUCKING SERVICES CORP
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P15000032700
_____
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____*The new* *name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered 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 ____ _____
                                            (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).   (Be specific)*
ON ARTICLE VI (6) NAME AND ADDRESS OF INCORPORATER

THERE WAS A TYPO ON THE ADDRESS

THE CORRECT ADDRESS IS   3663 SW 150TH CT MIAMI, FL 33185

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

_____

_____

_____

_____

_____

_____

_____

5/22/15

The date of each amendment(s) adoption: _____ , if other than the
date 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 will not be listed as the
document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

■ 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.

5/22/15
Dated_____

Signature _____*Jorge Delgado.*_____
(By a 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)

JORGE L. DELGADO
_____
(Typed or printed name of person signing)

OWNER
_____
(Title of person signing)