## P1500037627

(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:	
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2017 SEP -5 AMID: 57

C. GOLDEN SEP - 6 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OFF ROAS	D TRUCKING INC.		
DOCUMENT NUMBER: 915000037			
The enclosed Articles of Amendment and fee are st	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Kassandra	Alonso		
<del></del>	Name of Contact Person		
Kassandra OFF ROAD	TRUCKING INC.		
	Firm/ Company		
6614 NW 8	2 84		
	Address		
Mami, Fil	33126		
	City/ State and Zip Code		
	City/ State and Zip Code  Cognail-Com  sector future annual report notification)		
F-mail address: (to be it	servor fiture annual report notification)		
I man address. (to be	See to later amount report notine among		
For further information concerning this matter, plea			
Marcus Alonso	at ( 305 ) 506-7470		
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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee 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 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
· and 1100000.110000011	Tallahassee, FL 32301		



## FLORIDA DEPARTMENT OF STATE | Division of Corporations

RECEIVED

17 SEP-5 附近28

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSES-FLORIOA

July 24, 2017

KASSANDRA ALONSO 6614 NW 2 STREET MIAMI, FL 33126

SUBJECT: OFF ROAD TRUCKING INC

Ref. Number: P15000037627

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 117A00014899

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP -5 AM 10: 57

<u> </u>	OFF ROAD IROCKING INC	, .
(Name of Corpor	ation as currently filed with the Florida	Dept. of State)
	P15000037627	EMPER - CORPER PROPERTY
(1)00	cument Number of Corporation (if known)	<del> </del>
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the war "Carp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the second contains a second	orp," "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applica		
(Principal office address MUST BE A STREET A	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BON) NA	
D. If amending the registered agent and/or reginew registered agent and/or the new register		e name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: i. I am familiar with and accept the oblig	ations of the position.
S	gnature of New Registered Agent, if chang	zing

Executive Officer; CFC held. President, Treast Changes should be not a change, Mike Jones t Mike Jones, V as Remo	O = Chief wer, Direct ed in the fo leaves the o	Financial Offic or would be PT illowing manne corporation, Sa	er. If an off D. Currently ly Smith is n	icer/director holds m John Doe is listed as	R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is uses should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
					<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>			_
1) Change	<u>V</u>	$\overline{\mathcal{N}}$	avcus	Alonso	5980 SW 13 terr
<u></u> ★ Add					West Miami, FL 88406
Remove			{		33144
2) Change	T	<u> </u>	nesto	barcia	6614 NW 2 St
Add					Miami, FL 33176
Remove					
3) Change			<u> </u>		
Add					
Remove			1		
<del></del>					
4) Change			<u>                                     </u>		
Add					<del></del>
Remove					
5) Change					
Add					
Remove					
б) Change			<u> </u>		
Add					
Remove					

Page 2 of 4

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

If amending or adding additional Art	icles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Belspecific)	
	II	<del> </del>
<u> </u>		<u> </u>
	11	· · · · · · · · · · · · · · · · · · ·
		_
		_
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am-	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	11	
	ll l	
· <del></del>		
	<u> </u>	

The date of each amendment(s) adoption:	8-1-2017 , if other than the
date this document was signed.	, it due man the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of	 nt meet the applicable statutory filing requirements, this date will not be listed as the state's records. 
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	harcholders. The number of votes east for the amendment(s)  proval.
	shareholders through voting groups. The following statement spoup entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	 dment(s) was/were sufficient for approval 
by	···
(vot	ing group)
☐ The amendment(s) was/were adopted by the laction was not required.	opard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholder
Dated 8-1-20	
Signature	
(By a director, presi	dent or other officer - if directors or officers have not been
selected, by an inco appointed fiduciary	rporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	
Kass	Typed or printed name of person signing)
(	Typed or printed name of person signing)
P	esident
<del></del>	(Title of person signing)