Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003605233)))



H210003605233ABQW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone

: (813)774-4726

Fax Number : (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL & ALL TRUCKING SERVICE, INC

Certificate of Status	0
Certified Copy	0
Page Count	96
Estimated Charge	\$35.00

SEP 2 9 2021

A. LUSIT

Electronic Filing Menu

Corporate Filing Menu

Help

To: +18506176380 Page: 3 of 9 2021-09-28 14:25:58 GMT 18132001059 From: Trucking Permits And More LLC

Page: 4 of 9

## COVER LETTER

TO: Amendment Sec Division of Corp	ction corations		
NAME OF CORPO	RCATION:	UCKING SERVICE, INC	
DOCUMENT NUM	P15000041550 BER:		
The enclosed Articles	of Amendment and fee are	submitted for filing	
	spondence concerning this n		
	MYRIM VARGAS	<b>3</b>	
		Name of Contact Perso	on
		<u> </u>	
		Firm/ Company	
	Address		
-	City/ State and Zip Code		
		and with Coo	
-	E-mail address: (to be a	ised for future annual report	notification)
MYRIAM VARGAS	concerning this matter, plea	813	<i>774</i> 4726
Name of Contact Person		at (Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortnient of States
S35 Filing Fee			or o
	☐\$43.75 Filing Fee & Certificate of Status	**D\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Page: 5 of 9

## Articles of Amendment to Articles of Incorporation of

ALL& ALLTRUCKING SERVICE, INC	
	filed with the Florida Dept. of State)
P15000041550	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The now
name must be distinguishable and contain the word "corporation," "Co". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co".	projemini F -
"Inc.," or Co., or the designation "Gosp." or the abbreviation "P.A." "chartered," "professional association," or the abbreviation "P.A."	1020 W BEACON AVE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33603
C. Enter new mailing address, if applicable:	1020 W BEACON AVE
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33603
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	lress in Florida, enter the name of the
Name of New Registered Agent	
u?landa	irect (uldress)
·	
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt; r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e). F.S.

To: +18506176380

Please note the office  P = President; V = V Executive Officer; Cl President, Treasurer, Changes should be noted to be a change, Mike Jones, V as Ren Example:	neta, y hece ver/director to fice Preside, FO = Chief I  Director we oted in the fo s leaves the nove, and Sa	issury) itle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; T Financial Officer. If an officer/director holds more ould be PTD.	Micer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office held. It is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X 1) Change	VP	YUSDEL REINA CANETE	1020 W BEACON AVE
Add			TAMPA FL 33603
Remove			1020 W BEACON AVE
2) ${X}$ Change	<u></u>	ANA CANETE	TAMPA FL 33603
XAdd			
Remove 3) Change		_	
Add	·		
Remove			
4) Change		-	
Add			
Remove			
5) Change	V		
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional	dding udditional Articles, enter change(s) here:  sheets, if necessary). (Be specific)	
		<del></del>
		<u>-</u>
_		
,,		
		<del></del>
	u la de la	
. If an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,	
enconicione fo	e implementing the amendment it was established	
(if not ap	plicable. indicate N/A)	

To: +18506176380	Page: 8 of 9	2021-09-28 14:25:58 GMT	18132001059	From: Trucking Permits And More LLC
		9/27/21	•	
The date of eac date this docum	ch amendment(s) adopti ent was signed. 9/27/21	មក:		, if other than the
Effective date i				
		(no more than 90 days after	er amendment tile devo)	
Note: If the da document's effe	te inserted in this block ctive date on the Departn	does not mass the service	tory filing requirements, this	date will not be listed as the
Adoption of An	nendment(s)	(CHECK ONE)		
The amendment action was no	ent(s) was/were adopted to t required.	by the incorporators, or board of di	rectors without shareholder act	ion and sharcholder
☐ The amendme by the shareh	ent(s) was/were adopted to olders was/were sufficient	by the shareholders. The number of	f votes east for the amendment	(s)
☐ The amendme must be separ	ent(s) was/were approved rately provided for each	by the shareholders through voting voting group entitled to vote separa	groups. The following statem	rent .
"The nu	inber of votes east for the	amendment(s) was/were sufficien	t for approval	
by			n	~ ≥
	-	(voting group)		<b>81</b> Yist
				CRL I
	Dated 9-27-2	/		FILL TARK
	Dated 9-27-2 Signature Miss	,	į	<b>2</b> 2€
	appointed fidu	president or other officer – if direct incorporator – if in the hands of a ciary by that fiduciary)  A CANETE, YUSDEL	tors or officers have not been receiver, trustee, or other cour	OF STATE REPORTED TO
	VP	(Typed or printed name of pers	on signing)	
		(Title of person signing)		
		( ride of person signing)		
				J.
				•