Division of Corporations Electronic Filing Cover Sheet

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.

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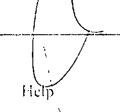
Division of Corporations Fax Number : (850)617-6380 From: Account Name : SU SEGURO INSURANCE GROUP LLC Account Number : I20210000126 Phone : (785)857-7718 Fax Number : (407)386-6369	2023 SEF 13
From: Account Name : SU SEGURO INSURANCE GROUP LLC Account Number : I20210000126 Phone : (785)857-7718	אני
Account Name : SU SEGURO INSURANCE GROUP LLC Account Number : I20210000126 Phone : (785)857-7718	1
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Fax Number : (407)386-6369	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.	
Email Address:servisegurollc@gmail.com	

COR AMND/RESTATE/CORRECT OR O/D RESIGN GTRUCKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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14072306072

From: Karem Sanchez

DocuSign Envelope ID: 9A0AE609-AA49-482A-8ED5-9870C4258DED

H23000328745 3

COVER LETTER

TO: Amendment Secti Division of Corpo						
NAME OF CORPOR	RATION: GTRUCKS, INC.					
DOCUMENT NUMB	BER: P15000042276					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	itter to the following:				
	MA	CERO HENRIQUEZ, GU	ILLERMO J			
•		Name obeysand PPerson	1			
-		Firm/ Company				
		2634 SANFORD AVE				
-		Address				
		SANFORD, FL 32773		;;	202	
-		City/ State and Zip Code	÷		SS	
		gtrucksusa(@gmail.con	ı	LLAHASS.	1 0	est.
•	E-mail address: (to be in	sed for future annual report	notification)	5	و	, <u>.</u>
For further information	n concerning this matter, plea	se call:			2023 SEP 19 AM 9: 25	! !
Guillermo Macero		at (321	3529710	17. E	. 25	
Name of Contact Person Area Code & Daytime Telephone S		de & Daytime Telephone Nurr	iber			
Enclosed is a check for	the following amount made	payable to the Florida Depi	nriment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce 2415 Y	Address ment Section n of Corporations entre of Tallahassee K. Monroe Street, Suite 810 (ssee, FL 32303			

OccuSign Envelope ID. 9A0AE609-AA49-482A-8ED5-9870C4258DED

H23000328745.3

Articles of Amendment
tn
Articles of Incorporation
of

	ncorporation of	
	KS, INC.	
(Name of Corporation as curren	itly filed with the Florida Dep	ot. of State)
P15000043	2276	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation;	is Florida Profit Corporation a	dopts 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 word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	4 projessional corporation i	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	2800 Sanford Ave	
(Principal affice address MUST BE A STREET ADDRESS)	Sonford FI 32773	
		——————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 Sanford Ave	2023 SE
finding maters <u>star big at their or tries, book</u>	Sanford FI 32773	-
		SSI
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		me of the
Name of New Registered Agent N/A		, F. J
ranc of real registers sign		
tFlorida s	sirect addresss	
New Registered Office Address:		. Florida
ACW REGISTER CHERCES.	лСи <u>р</u> а	(Zp) Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I om familian		is of the position.
Signature of New	Registered Agent, if changing	
en e		

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

Example:

2023-09-19 19:51:59 GMT

14072306072

From: Karem Sanchez

DecuSign Envelope ID 9A0AE609-AA49-482A-8ED5-9870C4258DBD

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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:

Page: 4 of 7

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 Doc 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	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Safly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		·	2023 SEP
Add			9
Remove			AF I
4) Change			9.
Add			;
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Re specific)	
VA		
		2
		2023 SEP
		SE
		<u> </u>
		33.5
		+ 1 <u>2</u>
		72
If an amendment provides for an excl	ange, reclassification, or cancellation o	of issued shares.
provisions for implementing the ame	ndment if not contained in the amenda	nent itself:
(if not applicable, indicate N/A)		
/A		
1-1-1-1-1		
		

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	яdoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were at action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following stow each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca-	st for the विश्वप्रकृतिम् (s) was/were sufficient for approval	
t	7727	202
by	tyoting group)	2023 SEP 19
		EP 19 AM
09/18/202	3	
Dated	Docustigned by	
	1 PPP	
Signature		<u>;;;c</u>
select	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	MACERO HENRIQUEZ, GUILLERMO J	
	(Typed or printed name of person signing)	·····
	President	
	(Title of person signing)	