# P15000052457

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### COVER LETTER

Division of Corporations *							
NAME OF CORPORATION:	D.T.M.P. TRUCKING, IN	IC.					
DOCUMENT NUMBER: P15000052457							
The enclosed <b>Articles of Amendment</b> and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
DEVON R.	THOMAS _						
		Name of Contact Person					
D.T.M.P. T	RUCKING, INC.						
		Firm/ Company					
608 AMES	STREET E						
		Address					
LEHIGH A	LEHIGH ACRES, FL 33974						
		City/ State and Zip Code					
DEVONTH	IOMAS66@GMAIL.COM						
	E-mail address: (to	be used for future annual report no	otification)				
For further information concerning this matter, please call:							
DEVON R. THOMAS  Name of Co	ntact Person	at <u>239-745-6971</u> Area Code & Da	aytime Telephone Number				
Enclosed is a check for the fo	lowing amount made paya	able to the Florida Department of St	ate:				
	\$43.75 Filling Fee & Certificate of Status	X \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

#### **Mailing Address**

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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7 K (	
15000052457 (Document Number of Co	orporation (if known))
ursuant to the provisions of section 607.1006, Florida Statutes, mendment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	n:
	The new
ame must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". vord "chartered," "professional association," or the abbreviation	A professional corporation name must contain the
Britarina office address, if applicable:	DEVON R. THOMAS, PRESIDENT
Principal office address <u>MUST BE A STREET ADDRESS</u> )	608 AMES STREET E
	LEHIGH ACRES, FL. 33974
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maning document maning document)	
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.</li> </ol>	
new registered agent and/or the new registered office ag	
new registered agent and/or the new registered office ac	
Name of New Registered Agent:	(Florida street address)
new registered agent and/or the new registered office ac  Name of New Registered Agent:	(Florida street address)
new registered agent and/or the new registered office as  Name of New Registered Agent:	(Florida street address)
new registered agent and/or the new registered office as Name of New Registered Agent:	(Florida street address) , Florida(City)  (Zip Code,

#### D.T.M.P. TRUCKING, INC.

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:

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 Doe 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.

	ample					
	<u>X</u>	Change	PT	<u>John</u>	<u>Doe</u>	
	<u>x</u>	Remove	Ā	<u>Mike</u>	<u>Jones</u>	
	<u>x</u>	Add	SV	Sally	Smith	
	<u>pe of A</u> neck C		<u>Title</u>		Name	<u>Address</u>
1)	<u>x</u>	Change	PTD	_	DEVON R. THOMAS	608 AMES ST. E. LEHIGH ACRES, FL. 33974
	<u> </u>	Add Remove				
2)		Change	sv	_	MAUREEN R. PERRY	608 AMES ST.E. LEHIGH ACRES, FL. 33974
		Add				
	<u>X</u>	Remove				
3)		Change		_		
		Add				
	_	Remove				
4)		Change		·		
	_	Add				
	_	Remove				
5)		Change		_		
	_	Add				
	—	Remove				
6)		Change				
	_	Add				
		Remove				

Attach additional sheets, if necessary). (Be specific)  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)	ncellation of issued shares. Le amendment itself:
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D.T.M.P. TRUCKING, INC The date of each amendment(s) a		7/27/20	FULES SECRETARY OF STATE	ATX1
other than the date this document		***************************************	DIVISI H GE EUTEMATIONS	. ' ''
Effective date <u>if applicable</u> :		7/27/2015	15 JUL 31: PH 1: 45	
	(no more than	90 days after amend	ment file date)	
Note: If the date inserted in this bloas the document's effective date or	• •		rements, this date will not be listed	
Adoption of Amendment(s)	(CHECK ONE)			
X The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The sufficient for approval.	The number of votes	cast for the amendment(s)	
<del></del>	e approved by the shareholders for each voting group entitled to		-	
"The number of votes	cast for the amendment(s) was	were sufficient for ap	pproval	
by Dead	(voting group)	<u>a</u>	." 	
The amendment(s) was/wer action was not required.	e adopted by the board of direct	ors without sharehold	der action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators v	without shareholder a	action and shareholder	
Dated	7/27/2015	<u>.</u>		
Signature	Deva 7	Toma	5	_
	(By a director, president or other selected, by an incorporator – i			
	appointed fiduciary by that fidu			
	DEVON R. THOMAS (Typed or print	ted name of person s	sianina)	-
	PRESIDENT	,	<i>5.</i>	

(Title of person signing)