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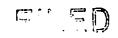
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: CONCEPCION TE	RUCK SERVICES INC	
DOCUMENT NUMBER	R: P16000005211		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
RO	DLANDO MARTINEZ		
		Name of Contact Person	1
RO	OYAL CARRIER SERVIC	CE LLC	
		Firm/ Company	·
73	92 NW 35TH TERRACE	SUITE 305	
		Address	
M	IAMI, FL. 33122		
		City/ State and Zip Cod	e
SAFETY	'@ROYALCARRIERSER	RVICE.COM	
· - · ·	<u> </u>	sed for future annual report	notification)
For further information co	onceming this matter, pleas	se call:	
	M. P.	at () de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CONCEPCION TRUCK SERVICES INC.

2019 HAY 23 AM 9:

(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P16000005211	· . ·
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	6021 QUEEN AVE N.
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL. 33971
C. Enter new mailing address, if applicable:	6021 QUEEN AVE N
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	LEHIGH ACRES, FL. 33971
). If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Van Dagistawad Agant's Signatura If shanging Dagistared Agan	•••
New Registered Agent's Signature, If changing Registered Agen hereby accept the appointment as registered agent. I am familian	
3 4 1 174	
Signature of New	Revistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerly 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 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.

Example: X Change	<u>PT</u>	John Do	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		· · ·
Remove				
6) Change	<u></u>	_		
Add				
Remove				

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
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If an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	manent it not contained in the amendment usen.
(if not appreasing, material time)	
	
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	APRIL 26, 2019	
	adoption:	, if other than t
date this document was signed.		
	PRIL 26, 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were nust be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, 	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
APRIL Dated		
Signature	Coole Concerno	
(By	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	CARLOS CONCEPCION	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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