## P16000005340

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## **COVER LETTER**

r 7

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HMR TRUCKING	SERVICES CORP		
DOCUMENT NUM	BER: P16000005340			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	HECTOR DE LA CARIDA	O CRUZ		
		Name of Contact Persor	1	
	HMR TRUCKING SERVICES CORP			
•		Firm/ Company		
	9595 NW 32 COURT	,		
		Address		
	MIAMI, FL 33147			
		City/ State and Zip Cod	e	
4GL	OBALCORP@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	305	<b>、495-7910</b>	
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number	
	or the following amount made		·	
■ \$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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## FILED

HMR TRUCKING SERVICES CORP

2018 SEP -4 PM 12: 46

(Name of Corporation as currently	filed with the Florida Dept. of State) SECIES WARY OF STA
P16000005340	TALLAHASSEE, F
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "i	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
1	City) (Zip Code)
Non-Basistanad Augusta Cianatona (Cabanaina Dasistanad August	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	,
Signature of New Re	rgistered Agent, if changing

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ROSANGEL CRUZ	9595 NW 32 COURT
Add			MIAMI, FL 33147
X Remove			
2) Change			
Add			
Remove	•		
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del>-</del>
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y noi appucame, maicate 1974)		
<del></del>		

The date of each amendment(s)	adoption:	, 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.	us date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendr sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and share	:holder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ler
08/30/18		
DatedSignature		
(By a select	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	HECTOR DE LA CARIDAD CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	