## P16000009287

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Pucking it Trucking Tac DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Givillereno T Gerez Namo of Contact Person Pucking It trucking true:
Firm/Company

2600 SE 12 PL aff 201

Address INSURANCE Solvhons of Cyahoo Con
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guillermo J Perez Name of Contact Person at ( 305 ) 498-2579

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🔀 835 Filling Fee □\$43.75 Filing Fee & ■\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

Pucking it Trucking inc (Name of Corporation as curren	ntly filed with the Florida Dept. of State)
(Name of Corporation as current)  P1600000 9287  (Document Number	ntly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Ftorida Profit Corporation adopts the following amendments:
A. If amending name, enter the new name of the corporation:  PUSHING IF Truecking Inc.	
name unust be distinguishable and contain the word "corporati (ccp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or (cost chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres</li> </ol>	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	wan and accept the obligations of the position.

Signature of New Registered 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; CEO = 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.

Example: X.Change	<u>PT</u>	John Doe	
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		-	
Add			
Remove			
2) Change			
Add			
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3) Change	******		
Add			
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4) Change			
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provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	2/04/2016	if other than the
date this document was signed.		
Effective date if applicable:	1/26/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, th State's records.	is date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the ity the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendm	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following sta group entitled to vote separately on the amendments):	tement
"The number of votes east for the amen	dment(s) was/were sufficient for approval	
by		
(voti	ing group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and shareh	older
I he amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholde	r
Dated 2/04/201	/ <sub>2</sub>	
Signature Lefferms	T. Leves	
(By a xirector, president)	dent or other officer - if directors or officers have not be	
selected, by an incor appointed fiduciary	rporsion of in the hands of a receiver, trustee, or other to by that fiduciary)	court
	Typed or printed name of person signing)	
Ċ	Typed or printed name of person signing)	
	owner	
	(Title of person signing)	•