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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{D}{-}$	& D TRUCKIN	G OF USA CORP		
DOCUMENT NUMBER: P16000				
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.		
Please return all correspondence co	ncerning this ma	atter to the following:		
MARLENE	САМЕЈО			
		Name of Contact Person	1	
D & D TRU	CKING OF US/	CORP		
		Firm/ Company	<u>-</u>	
491 HIALE	AH DR SUITE 3			
		Address		
HIALEAH,	FL 33012			
		City/ State and Zip Cod	e	
MARIENE	CAMEJO@YAI	IOO COM		
	~	sed for future annual report	notification)	
For further information concerning MARLENE CAMEJO	•	se call: at (	575 6421	
Name of Contact Pe		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:	
	75 Filing Fee & Teate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		-	Address	
			lment Section	
Division of Corp	orations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

D & D TRUCKING OF USA CORP

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000011738			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	NA	The new
	Corp," "Inc." or "Co".	"company," or "incorporated" or the abbrevia A professional corporation name must cont	tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		491 HIALEAH DR SUITE 3	
		HIALEAH, FL 33010	
			~~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		491 HIALEAH DR SUITE 3	<u> </u>
		HIALEAH, FL 33010	
			PA 2: 10
			<del></del>
D. If amending the registered agent at new registered agent and/or the ne			
Name of New Registered Agent	MARLENE CAMEJO	_	
rame of reas registeren rigen	491 HIALEAH DR SUIT	Е 3	_
	(Florida s	treet address)	_
New Registered Office Address:	HIALEAH	, Florida 33010	
New Registered Vigite Pitturess.		<del></del>	p Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis		nt: with and accept the obligations of the position	1.
		wer)	
	Signature of New	Registered Agout, if changing	

## Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Ь	RAMON DURAN	4855 NW 4 STREET
Add X Remove			MIAMI, FL 33126
2) Change	P	MARLENE CAMEJO	491 HIALEAH DR SUITE 3
X Add			HIALEAH, FL 33010
Remove Change		_	
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change		_	
Add			
Remove			· <del>- · · · · · · · · · · · · · · · · · ·</del>
6) Change			
Add			
Remove			

(Atta	nending or adding th additional sheets	s, if necessary). —	(Be specific)			
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F. <u>[f an</u> pro	amendment provinces	ides for an exchar lenting the amend	<u>ige, reclassificat</u> Iment if not con	tion, or cancel <u>lat</u> tained in the am	<u>ion of issued shar</u> endment itself:	es,
	(if not applicable,	indicate N/A)				
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The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date if applicable:		
<u></u>	(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 d Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other condinted fiduciary by that fiduciary)	
	MARLENE CAMEJO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	