

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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: TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

Phone

: (913)774-4726

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APR 06 2016

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|          | , / -  | •     |       |          |     |       |       |     |        |     |      |       |      |        |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EY TRANSPORT SERVICE INC

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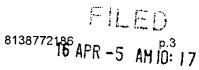
2661 Executive Center Circle Tallahassee, FL 32301

## COVER LETTER

| TO: Amendment Section Division of Corporation (Corporation) |   |  |  |
|---|---|--|--|
| NAME OF CORPOR  | ATION: EY TRANSPORT                                       | SERVICE INC                                  |  |
| DOCUMENT NUMB   | ER: P16000012440  |  |  |
| •   | of Amendment and fee are su                               | bmitted for filing.                          | •  |
| Please return all corres                                    | pondence concerning this ma                               | tter to the following:                       |  |
|   | MYRIAM VARGAS   |  |  |
| •   | · <del></del>   | Name of Contact Person                       |  |
|   | TRUCKING PERMITS & M                                      | ORE LLC                                      |  |
| •   |   | Firm/ Company                                | <del></del>  |
|   | 1721 W HILLSBOROUGH                                       | AVE  |  |
| •   |   | Address                                      |  |
|   | TAMPA FL 33603  |  |  |
|   |   | City/ State and Zip Code                     | e  |
|   |   |  |  |
| <del></del> -   | E-mail address: (to be us                                 | sed for future annual report                 | notification)  |
| For further information                                     | concerning this matter, please                            | se call:                                     |  |
| 813-774-4726  |   | at {   | _}   |
| Name o  | of Contact Person   | Area Co                                      | de & Daytime Telephone Number  |
| Enclosed is a check for                                     | r the following amount made                               | payable to the Florida Depa                  | artment of State:  |
| ■ \$35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status               | Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Divi   | ting Address Indiment Section Is of Corporations Box 6327 | Amend<br>Divisio                             | Address Iment Section on of Corporations Building                                      |

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Trucking Permits and More



SECRETARY OF STATE TALLAHASSEE FLORIDA

Articles of Amendment to · · Articles of Incorporation of

| EY TRANSPORT SERVICE INC  |  |   |
|---|--|---|
| (Name of Corporation  | n as currently filed with the Florida                  | Dept. of State)                           |
| P16000012440  |  |   |
| (Docume   | ent Number of Corporation (if known)                   |   |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:  | Statutes, this Florida Profit Corporat                 | tion adopts the following amendment(s) to |
| A. If amending name, enter the new name of the cor  | poration:  |   |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a | " "Inc," or "Co". A professional co                    |   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)   | RESS)  |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  | 0  |   |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of   |  | ne name of the                            |
| Name of New Registered Agent  |  |   |
| ——————————————————————————————————————  | (Florida strees address)                               |   |
| New Registered Office Address:  |  | , Florida                                 |
|   | (City)   | (Zip Code)                                |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I   | stered Agent:<br>am familiar with and accept the oblig | gations of the position.                  |
| (C)   | there of New Paristoned drops if char                  | wing.                                     |

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)

Remove

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 Do     | <u>e</u>          |                     |
|-------------------------------|-----------|-------------|-------------------|---------------------|
| X Remove                      | <u>v</u>  | Mike Jos    | <u>nes</u>        |                     |
| X Add                         | <u>sv</u> | Sally Sn    | <u>uith</u>       |                     |
| Type of Action<br>(Check One) | Title     |             | Name              | Address             |
| 1) X Change                   | P         |             | EVELIN LIMA ROBAU | 9601 N TRASK STREET |
| Add                           |           |             |                   | TAMPA FL 33624      |
| Remove                        |           |             |                   |                     |
| 2) Change                     |           |             |                   |                     |
| Add                           |           |             |                   |                     |
| Remove                        |           |             |                   |                     |
| 3) Change                     |           | _           |                   |                     |
| Add                           |           |             |                   |                     |
| Remove                        |           |             |                   |                     |
| 4) Change                     |           | _           |                   |                     |
| Add                           |           |             |                   |                     |
| Remove                        |           |             |                   |                     |
| 5) Change                     |           |             |                   |                     |
| Add                           |           | <del></del> |                   |                     |
| Remove                        |           |             |                   |                     |
| 6)Change                      | ·         | _           |                   |                     |
| Add                           |           |             |                   |                     |
|                               |           |             |                   |                     |

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|                                       | adding additional A<br>al sheets, if necessary | ). (Be specific)   |                      |                      |                      |
|---------------------------------------|--|--------------------|----------------------|----------------------|----------------------|
|                                       |  | ,                  |                      |                      |                      |
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|                                       |  |                    |                      | <del></del>          |                      |
| ·····                                 |  |                    |                      |                      |                      |
| <del></del>                           |  |                    |                      | <u>.</u>             |                      |
|                                       | ent provides for an e                          | mendment if not co | ation, or cancellati | on of issued shares, |                      |
| provisions for                        | ' implementing the a                           |                    |                      |                      |                      |
| provisions for                        | implementing the a plicable, indicate N/A      | )                  |                      |                      |                      |
| provisions for                        | implementing the a                             |                    |                      |                      |                      |
| provisions for                        | implementing the a<br>licable, indicate N/A    |                    |                      |                      |                      |
| provisions for                        | implementing the a                             |                    |                      |                      |                      |
| provisions for                        | implementing the a                             |                    |                      |                      |                      |
| provisions for                        | implementing the a                             |                    |                      |                      |                      |
| provisions for                        | implementing the a                             | ,                  |                      |                      |                      |

|   | 4-5-16  |   |       |
|---|---|---|-------|
| The date of each amendment                                      | s) adoption:  | if other than   | the   |
| date this document was signed                                   |   | •   |       |
| Erfective date if applicable:                                   | 4-5-16  |   |       |
|   | (no more than 90 days after a   | imendment file date)                                  |       |
| Note: If the date inserted in<br>document's effective date on t | his block does not meet the applicable statutory<br>e Department of State's records.                  | y filing requirements, this date will not be listed a | s the |
| Adoption of Amendment(s)  | (CHECK ONE)   |   |       |
| The amendment(s) was/we by the shareholders was/w               | e adopted by the shareholders. The mumber of verte sufficient for approval.                           | otes cast for the amendment(s)                        |       |
|   | e approved by the shareholders through voting gr<br>d for each voting group entitled to vote separate |   |       |
| "The number of votes  | cast for the amendment(s) was/were sufficient for   | or approval   |       |
| Ъу  |   | 32  |       |
|   | (voting group)  | <del></del>   |       |
| The amendment(s) was/we action was not required.                | e adopted by the hoard of directors without share   | cholder action and shareholder                        |       |
| ☐ The amendment(s) was/we action was not required.              | e adopted by the incorporators without sharehold  | der action and shareholder                            |       |
| Detcd   | 4/5/16  |   |       |
| Signanire_  | Endintina   |   |       |
| Ō   | y a director, president or other officer - if direct  |   |       |
|   | lected, by an incorporator — if in the hands of a repointed fiduciary by that fiduciary)              | eceiver, musice, or other court                       |       |
|   | EVELIN LIMA ROBAU   |   |       |
| •   | (Typed or printed name of person  | on signing)   |       |
|   | PRESIDENT   |   |       |
| •   | Milda Carred I  |   |       |