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OCT 2 3 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Y M PRODUCE II	AC.				
DOCUMENT NUMB						
The enclosed Articles	of Amendment and fee are sul	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	YULIER MARTINEZ					
		Name of Contact Person	1.			
		Firm/ Company	<del></del>			
	5860 PALM AVE					
	Address					
	HIALEAH, FL 33012					
		City/ State and Zip Code	<u>.</u>			
grisel	verdecia@yahoo.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	e call:				
YULIER MARTINEZ	Y	786 at (	de & Daytime Telephone Number			
Name (	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	ayable to the Florida Depa	rtment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

٠.	<b>N</b> 1	DD	ODI	10012	INC

Y AT PRODUCE, INC	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P16000032473	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
YMG TRUCKING SERVICES, CORP	The new
name must be distinguishable and contain the word "corpore" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5860 PALM AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	HIALEAH, FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5860 PALM AVE  HIALEAH, FL 33012  ARE STORY  Address in Florida, enter the name of the
D. If amending the registered agent and/or registered office:	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
	fr.
(Florid	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	vent:
I hereby accept the appointment as registered agent. I am famil	
Signature of A	no Pagistarad Sapot 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.

Example: X Change	<u>PT</u>	John Do	<u>ec</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				<del></del>
Add				
Remove				
2) Change		_		
Add				
Remove				···
3 ) Change				·-
Add				<u></u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add		_		
Remove				
INCHIONG				

Attach additional sheets, if necessary).	(Be specific)
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···	
<del>-</del>	
	<del>-</del>
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
да пов арриссине, таксив 1874)	
ху посирисыне, такие (174)	
ху посартсате, такие sva)	
ху пов аррисате, такине sv4)	
ду пов аррисате, такие sv4)	
ду пов аррисате, такие sv4)	
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ду пон аррисате, такие млл)	
ду пов аррисате, такие млл)	

	10/03/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
₹	03/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/03/2013 Dated	8	
Signature * 1	Arril	
selecte	fector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	YULIER MARTINEZ	
	(Typed or printed name of person signing)	•
	PRESIDENT	
	(Title of person signing)	

. . . . .