# P16000055415

(Requestor's Name)							
(Address)							
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	<del>;</del> #)					
PICK-UP	☐ WAIT	MAIL .					
(Bu	isiness Entity Nam	ne)					
(Do	ocument Number)						
Certified Copies	Certificates	of Status					
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STATES IN 18 PM 2: 35

JUL 27 2016

C LEWIS

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Trucking Unlimited Inc.  DOCUMENT NUMBER: P16000055415
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Mehssa Palacips  Name of Contact Person  Pirm/ Company  Services, Inc.  Firm/ Company  Address  Address  City/ State and Zip Code  Mensil address: (to be used for futtle Janhual report notification)  Mehssa Palacips  Name of Contact Person  Firm/ Company  Cottended  Address  Address  City/ State and Zip Code  Mensil address: (to be used for futtle Janhual report notification)
For further information concerning this matter, please call:
Certificate of Status  Certified Copy (Additional copy is certified Copy enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

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** 

SECRETARY OF STATE

Trucking Valimited Dac. 2016 JUL 18 PM 2: 35
(Name of Corporation as currently filed with the Florida Dept. of State)
P11,0000,55415
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Lehigh Acres FL 33971
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 address:  Name of New Registered Agent  VOCALLS  Percent
Name of New Registered Agent  705 GIBERT AVE N  (Florida street address)  New Registered Office Address: Lehian Acres Florida 33971
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with 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; 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
			Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1	Batista, Leidy B	23 Andros St Lehigh Acres FL 33936
Add Remove			Lehigh Acres, FL 33936
2) Change	P	Yordys Perez	705 Gilbert Ave N
Add		1 1	705 Gilbert Ave N Lehigh Acres, Pl 3397
Remove			
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Pamove			

C. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
F. If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption date this document was signed.	n:	7/11	116	if other the relation of CO	D BF slait
Effective date <u>if applicable</u> :	(no more than 90	) days after amendmer	1   Q nt file date)	•	PM 2: 35
Note: If the date inserted in this block of document's effective date on the Department		able statutory filing re	equirements, this date	will not be listed	as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cast	for the amendment(s)		
☐ The amendment(s) was/were approved must be separately provided for each					
"The number of votes cast for the	e amendment(s) was/were	e sufficient for approv	al		
by	(voting group)				
	(voting group)				
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors	without shareholder ac	ction and shareholder		
The amendment(s) was/were adopted baction was not required.	by the incorporators with	out sharcholder action	and shareholder		
Dated	11/16				
Signature					
(By a director	, president or other offic			<del></del>	
•	n incorporator – if in the uciary by that fiduciary)	hands of a receiver, t	rustee, or other court		
appointed IId	( ) I .	$\cap$			
	Yordy	s Per-	ę2		
	(1 yped or printed r	ame of person signing	<u>;</u> )		
<del></del>	Pres	sident			
	(Title o	f person signing)			