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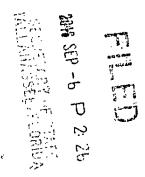
(Re	equestor's Name)			
(Address)				
. (Ac	ldress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LASM TRU	CKING INC	
DOCUMENT NUMBER: P16000058829		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
MARCOS A. GONZA	LEZ	
	Name of Contact Person	
LASM TRUCKING IN	NC	
	Firm/ Company	
1118 NW 6TH AVE		
Address		
CAPE CORAL FL 339	993	
	City/ State and Zip Code	
MARCODOMESTRE2404@	DYAHOO.COM	
E-mail address: (to	o be used for future annual report notification)	
For further information concerning this matter	r, please call:	
MARCOS A GONZALEZ	at (786) 5596605	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasser, 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

LASM TRUCKING INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000058829 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (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 (Florida street address) New Registered Office Address: Florida (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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	ERNESTO A PEREZ	13101 SW 259 ST
X Add			HOMESTEAD FL 33032
Remove			
2) Change			
Add			
Remove			
3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVA	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) late this document was signed.	08/24/2016) adoption:	, if other than the
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
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.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/24/20 Dated	016	
Signature	Clemor	
(By sele	a director, president or other officer – if directors or officers have not become, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
(MARCOS GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	