P9600001709

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATES

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SEP 1 3 2016

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: SERVICE AUTO | CARRIER CORP | | | | |
|--------------------------|--|--|--|--|----------|-----|
| DOCUMENT NUMB | D1/0000/1200 | | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | | |
| | | YULIETH FIGUEREDO | | | | |
| - | | Name of Contact Person | n | | | |
| | | YE'S FAST SOLUTIONS I | LLC | | | |
| - | | Firm/ Company | | | | |
| 5951 NW 151 ST SUITE 200 | | | | | | |
| - | Address | | | | | |
| MIAMILAKES, FL 33014 | | | | | | |
| City/ State and Zip Code | | | | | | |
| | | City/ State and Zip Cou | • | | | |
| | | ASTSOLUTIONS@GMA | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| For further information | concerning this matter, pleas | | man. | | | |
| YULIETH FIGUEREI | 00 | at (| 364-6560 | Zes | 6 | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Nu | mber S | A | *** |
| Enclosed is a check for | the following amount made | payable to the Florida Depa |) 364-6560 de & Daytime Telephone Nur artment of State: | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | AUG 30 | 91 |
| \$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) | | PH 6: 45 | * |

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

SERVICE AUTO CARRIER CORP

| (Name of Corpor | ration as currently filed with the Florida Dept. of State) | | |
|--|---|--|--------------|
| | P16000064209 | | |
| (Doe | cument Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation: | rida Statutes, this Florida Profit Corporation adopts the fo | llowing amer | ndment(s) to |
| A. If amending name, enter the new name of the | e corporation: | | |
| | | The | new |
| | word "corporation," "company," or "incorporated" or orp." "Inc," or "Co". A professional corporation name the abbreviation "P.A." | the abbrevio | ation |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | | |
| C. Futon non mailing address if a limited | | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <i>BOX</i>) | | |
| | | 16 F | b) |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | stered office address in Florida, enter the name of the | METANO PRESTAND | 2 (1) |
| Name of New Registered Agent | | 19 | |
| | | THE STATE OF THE S | ت من بيري |
| | (Florida street address) | 通点 | ហ៊ |
| New Registered Office Address: | , Florida | · | |
| | (City) | (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if changing I | Registered Agent: | | |
| | t. I am familiar with and accept the obligations of the pos | sition. | |
| | | | |
| | | | |
| | ignature 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 Do | <u>e</u> | |
|----------------------------|--------------|-------------|--------------|-------------------|
| X Remove | <u>V</u> | Mike Joi | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sm | nith_ | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | VP | _ | MIGUEL ANAYA | 1090 SE 8 AVE |
| X Add | | | | HIALEAH, FL 33010 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | • | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| , | icles, enter change(s) here: (Be specific) |
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| f an amendment provides for an avai | hange, reclassification, or cancellation of issued shares, |
| i an amenument provides for all exci | |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |

| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
|--|--|------------------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, to partment of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were sur | pted by the shareholders. The number of votes cast for the amend fficient for approval. | ment(s) |
| | roved by the shareholders through voting groups. The following s each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shar | eholder |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and sharehold | der |
| 08/27/2016 Dated | 0 | |
| Signature | | |
| selected | rector, president or other officer – if directors or officers have not I, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary) | |
| | JUAN JESUS ACOSTA | |
| • | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| • | (Title of person signing) | |