P1600067286

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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

JUN 0 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EZEQUIEL AMADON Trucking INC DOCUMENT NUMBER: P16000 67286 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EZEQUIE AMASON Trucking
Firm/Company 4245 Anthony Lane Address For further information concerning this matter, please call: at (321) 304 - 9837 Area Code & Daytime Telephone Number EZEQUIE Amadon
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **▼**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to

Articles of Incorporation of

EZEQUIEL AMA	Son Trucking INC			
(Name of Corporation	on as currently filed with the Florida Dept. of State)			
P160000	107 21-6			
	ent Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	llowing ar	nendmen	nt(s) to
A. If amending name, enter the new name of the co	rporation:			
		Th	ie new	
	d "corporation," "company," or "incorporated" or "Inc," or "Co". A professional corporation name abbreviation "P,A."	the abbre	eviation	
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)			
	<u> </u>	SEC	=	
C. Enter new mailing address, if applicable:	77.	A2第 表記	ž Ţ	<u>r</u>
(Mailing address <u>MAY BE A POST OFFICE BO</u>				<u>-</u> ก
		FLOS STA	<u>عد</u> ز	ر
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the		. 64	
Name of New Registered Agent	onice auditess.			
	•			
	(Florida street address)			
V 5 100 411	Classide.			
New Registered Office Address:	, Florida, Florida	(Zip Code		
		-		
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the pos	ition.		
Signo	ature 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: XChange	<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	<u> </u>	Sandra Cruz	4245 ANThony LANG
X Add			Cola-do, Fl 32822
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			7
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
- 	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	

The date of each amendment(s) adoption: if other than the
date this document was signed.
Effective data if applicable: (2018)
Effective date if applicable: 6/1/2018 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
. / /
Dated 5/3/1/2018
$\mathcal{A}(\mathcal{A}(\mathcal{A}))$
Signature
(By a director president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)