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S. YOUNG

*[Signature]*

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: All Cargo Transporter  
DOCUMENT NUMBER: P 16000086325

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcelo Rodriguez  
Name of Contact Person  
All Cargo Transporter  
Firm/ Company  
1393 Longview Ave.  
Address  
Kissimmee - FL 34742  
City/ State and Zip Code  
allcargotransporter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcelo Rodriguez at 407, 864 4006  
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 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

ALL 1260 TRANSPORTER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P160000 86325

(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:

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)

139 B Longview AVE.  
Hissimenee - FL  
34747

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

139 B Longview AVE  
Hissimenee - FL  
34747

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

Manolo Rodriguez

139 B Longview AVE

(Florida street address)

New Registered Office Address:

Hissimenee

(City)

Florida

(Zip Code)

SECRETARY OF  
TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                           |  |
|--|-----------|---------------------------|--|
| 1) <input type="checkbox"/> Change         | <u>P</u>  | <u>Shakur Abdoolin</u>    | <u>6613 Mission</u><br><u>Club Blvd, 212</u><br><u>Orlando, FL 32821</u> |
| <input type="checkbox"/> Add               |           |                           |  |
| <input checked="" type="checkbox"/> Remove |           |                           |  |
| 2) <input type="checkbox"/> Change         | <u>VP</u> | <u>Ali Shaw, Sherrina</u> | <u>1057 Lejay St</u><br><u>Orlando, FL</u><br><u>32825</u>               |
| <input type="checkbox"/> Add               |           |                           |  |
| <input checked="" type="checkbox"/> Remove |           |                           |  |
| 3) <input type="checkbox"/> Change         | <u>P</u>  | <u>Marcelo Rodrigues</u>  | <u>139 Longview Ave</u><br><u>34747</u><br><u>Kissimmee - FL</u>         |
| <input checked="" type="checkbox"/> Add    |           |                           |  |
| <input type="checkbox"/> Remove            |           |                           |  |
| 4) <input type="checkbox"/> Change         |           |                           |  |
| <input type="checkbox"/> Add               |           |                           |  |
| <input type="checkbox"/> Remove            |           |                           |  |
| 5) <input type="checkbox"/> Change         |           |                           |  |
| <input type="checkbox"/> Add               |           |                           |  |
| <input type="checkbox"/> Remove            |           |                           |  |
| 6) <input type="checkbox"/> Change         |           |                           |  |
| <input type="checkbox"/> Add               |           |                           |  |
| <input type="checkbox"/> Remove            |           |                           |  |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

I bought the company "All Cargo  
Transporter" with a Pickup  
truck and a trailer at the  
same date.

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)

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

02/25/17

, if other than the

Effective date if applicable: \_\_\_\_\_

02/25/17

(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)

- ☒ 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 \_\_\_\_\_

02/25/17

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)

Marcelo Ramirez

(Typed or printed name of person signing)

President

(Title of person signing)