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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DHY SOLUTION	S, CORP	
DOCUMENT NUM	D16000093480		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	HANZEL E ALPIZAR		
		Name of Contact Person	1
	DHY SOLUTIONS, CORP		
		Firm/ Company	
	3715 3RD ST W		
		Address	
	LEHIGH ACRES FL 33971		
	-	City/ State and Zip Cod	c
	F mail address: (to be us	sed for future annual report	notification)
	rman address, (to be us	sed for fatare annual report	nottheadony
For further informatio	n concerning this matter, pleas	se call:	
_			
HANZEL E ALPIZA		at ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 DEC -3 PM 3: 10

DHY SOLUTIONS, CORP

(Name of Corporation	as currently filed with the Floridal Dept. of State) IATE
	as currently med with the Prortagioeption State of FATE
P16000093480	" OUEE, FL
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
ALPIZAR TRUCKING SERVICES, CORP	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
<u></u> .	
	(Florida street address)
New Registered Office Address:	(Florida street address) , Florida

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: <u>X</u> Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3.1 Change				
Add				
Remove				
4) Change				
Add		-		
Remove				
Kenore				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add				

	ts, if necessary).	cles, enter change (Be specific)			
					
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fan amendment pro	vides for an exch	ange, reclassificat	ion, or cancellation	on of issued share	28,
provisions for imple	nenting the amer	adment if not con-	tained in the ame	ndme <u>nt itself:</u>	
	, indicate N/A)				
(if not applicable					
(if not applicable					
(if not applicable					
(i) not applicable					
(ij not applicable					
(i) not applicable					
(if not applicable					
(i) not applicable					
(i) not applicable					
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: (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 vidocument's effective date on the Department of State's records.	vill not be listed as th
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. 11/27/2018 Dated Signature Sig	
(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)	
HANZEL E ALPIZAR	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)

Detail by Entity Name

Florida Profit Corporation DHY SOLUTIONS, CORP

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FL

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ACTIVE

Principal Address

3715 3RD ST W

LEHIGH ACRES, FL 33971

Mailing Address

3715 3RD ST W

LEHIGH ACRES, FL 33971

Registered Agent Name & Address

ALPIZAR, HANZEL E 3715 3RD ST W

LEHIGH ACRES, FL 33971

Officer/Director Detail

Name & Address

Title P

ALPIZAR, HANZEL E 3715 3RD ST W

LEHIGH ACRES, FL 33971

Title VP

CEPERO VAZQUEZ, YANET D 3715 3RD ST W LEHIGH ACRES, FL 33971

Annual Reports

Report Year

Filed Date

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04/14/2017

2018

03/02/2018

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