P16000094579

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COVER LETTER

TO: Amendment Section Division of Corporations A G B TRUCK, CORP NAME OF CORPORATION: P16000094579 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS A. GARCIA Name of Contact Person AGB TRUCK, CORP Firm/ Company 4930 SW 115 AVE Address MIAMI, FL 33165 City/ State and Zip Code CHINOALE@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS A GARCIA _at (\frac{786}{\text{Area Code & Daytime Telephone Number}} Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO DEC 28 M 9: 16

Articles of Amendment to Articles of Incorporation of



AGB TRUCK, CORP

(<u>Name o</u>	f Corporation as current	ly filed with the Florida Dep	ot. of State)
P16000094579			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation 2	idopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		YUDELKYS BELLO	
		4930 SW 115 AVE	
		MIAMI FL 33165	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent	YUDELKYS BELLO		
	4930 SW 115 AVE		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI		Florida 33165
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.			ons 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
	<u>.</u> <u>SV</u>	Sally Smith	
X Add			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LUIS A GARCIA	4930 SW 115 AVE
Add X Remove			MIAMI FL 33165
2) Change	P	YUDELKYS BELLO	4930 SW 115 AVE
X Add			MIAMI FL 33165
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change Add		, , , , , , , , , , , , , , , , , , , ,	
Remove			
Romove			
6) Change			
Add			
Damova			

Attach aa	ing or adding additional A lditional sheets, if necessary,	. (Be specific)				
				·	<u></u> .	
						
<u>-</u>			 	·····		
			<u></u>			
						
						
f an am	endment provides for an ex	change, reclassi	fication, or canc	ellation of issued	shares.	
provisio (if n	ons for implementing the an not applicable, indicate N/A)	nendment if not	contained in the	amendment itse	<u>lf:</u>	
		 -				
					<u></u>	
					·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	ı(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Signature	
(By director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
LUIS A GARCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	