## P1700015009

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Smemod

## COVER LETTER

TO: Amendment Section Division of Corporations  A 4 D Brothers Trucking In
NAME OF CORPORATION:
DOCUMENT NUMBER: 017000015009
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following
Gina Kocha
AB All Services
1100 W Firm company Street, Ste C
Halean, FL 33012
State and Zip Code OO, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gina 120cha 305, 882-1238
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
Mailing AddressStreet AddressAmendment SectionAmendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314  Zefol Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

AdD B	Articles of Incorporation  ODINO STRUCKING	/n	C .
PD	oration as currently filed with the Florida Dept. of State) Occument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following an	nendme	ent(s) to
A. If amending name, enter the new name of the	he corporation:		
"Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," of	word "corporation," "company," or "incorporated" or the abbre Corp," "Inc," or "Co". A professional corporation name must cont r the abbreviation "P.A."		!
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		D.
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:	17 833	SEGKET SKAB3S
Name of New Registered Agent		<del>ω</del>	A SAN
New Registered Office Address:	(Florida street address), Florida	PH 5: 2	OF STATE
	(City) (Zip Code	)	35
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	t Registered Agent: ent. I am familiar with and accept the obligations of the position.		
<del></del>	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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title VP	Alain Lazaro Legva	Address 6595 W24C4 Apt 101 Hialeah, EL 330/0
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the uncondition reserve
<u></u>	

The date of each amendment(s) ado	ption:	5/16/17		if other than the
date this document was signed.	5	1/10/17		
Effective date <u>if applicable</u> :	(no more the	an 90 days lifter amendment fi	le date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Department.			irements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		The number of votes cast for	the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea				
"The number of votes cast fo	r the amendment(s) was	/were sufficient for approval		
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)			
The amendment(s) was/were adopt action was not required.	ed by the board of direc	tors without shareholder actio	n and shareholder	
☐ The amendment(s) was/were adopt action was not required.  ☐ Dated	ed by the incorporators	without shareholder action and	1 sharcholder	
Signature	1 July	M .		
(By a dire		officer - if directors or officer		
	by an ificorporator – if it i fiduciary by that fiduci	n the hands of a receiver, trust	ee, or other court	
	Demi	is Buen	0	
	(Typed or prin	ted name of person signing)		<del> </del>
	Pre	Sident		

(Title of person signing)