P17 0000 18476

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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: LC3CQNO TRUCKING SCRVI CE COXP DOCUMENT NUMBER: P17000018476 The enclosed Articles of Amendment and fee are submitted for filing.				
Discourse in a second control of the second				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person ACRAN TH SCHLICA CORP Firm/ Company 10684 SW 6TH 5T Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
2 / /				
Kolssi Liziano SZ 11.7692				
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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
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Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

2020 MAY 18 PM 3: 44

(Name of Corporation as e	urrently filed with the Florida	Dept. of State)
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statut is Articles of Incorporation:	es, this Florida Profit Corporate	ion adopts the following amendment
a. If amending name, enter the new name of the corporate	tion:	
		The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	Co". A professional corporate	ated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		
Enter now mailing address: if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 	
). <u>If amending the registered agent and/or registered off</u>	ice address in Florida, enter th	e name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent		
(FI	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	•	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the oblig	ations of the position.
Cianatina A	New Registered Agent, if chang	sing.
Signature of	i wew Regisierea Agent, ij chanş	ging
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Executive Officer; CFO = President, Treasurer, Dir. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	rector titl President Chief Fi ector woi in the fo ves the c	le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= D inancial Officer. If an officer/director uld be PTD. llowing manner. Currently John Doe orporation, Sally Smith is named the V	2020 HA [18 PM] in Felerk; CEO = Clairman br Clerk; CEO = Cl. holds more than one title, list the first letter of each office he is listed as the PST and Mike Jones is listed as the V. There V and S. These should be noted as John Doe, PT as a Chan	eld. e is
Example: X Change	<u>PT</u>	John Doe		
$\frac{L}{X}$ Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
Change Add	Δ	Leysi Howard	<u> 106845W6TH:</u> <u>Hian F133174</u>	57
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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:

If amending or adding additional Articles, enter change(Attach additional sheets, if necessary). (Be specific)	• • •
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If an amendment provides for an exchange, reclassificati	ion, or cancellation of issued shares,
provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the amendment itself:
(ң пін аррисине, шансис піл)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		· ·
Effective date if applicable:		
	(no more than 90 days after amend	menthie datet, L
Note: If the date inserted in this block document's effective date on the Departm		ig requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes on the for approval.	east for the amendment(s)
	by the shareholders through voting groups voting group entitled to vote separately on	
"The number of votes cast for the	amendment(s) was/were sufficient for ap	proval
by		
	(voting group)	
DatedSignature	20/2020	
selected, by a	, president or other officer – if directors or in incorporator – if in the hands of a receiv uciary by that fiduciary)	
<u> </u>	(Typed or printed name of person sig	25 SX
	Districtor	ning)
	(Title of person signing)	