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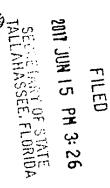
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C. GOLDEN
JUN 1 9 2017

COVER LETTER

d

TO: Amendment Section Division of Corporations			
A . =		Services	corp
DOCUMENT NUMBER: VI76	0003077	- 0	•
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Heid Unio	Name of Contact Perso Firm/ Company	SURZ er Servic	- <u>e</u> s
MSON	un au Aul	Ste 108	
	Address	<u> </u>	
riphi	F1 33161		
	City/ State and Zip Cod	le 1	
Unioncarr	ierservice		. wn
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, ple	ease call:		
		_	
Her Ry 10 Dakig U	at (301)	3921035 ode & Daytime Telephone Num	her .
•		•	001
Enclosed is a check for the following amount made	le payable to the Florida Dep	artment of State:	
\$35 Filing Fee & Certificate of Status		□\$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

leile trucking	Services corp			
	filed with the Florida Dept. of State)			
P170000307	-7 0			
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office uddress MUST BE A STREET ADDRESS)				
,				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8004 NW 154 St # 248			
	Miani Lakes, Fl			
	33016			
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the			
Name of New Registered Agent				
(Florida street address)				
New Registered Office Address:	, Florida			
	City) (Zip Code)			

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: 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
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)
•	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if nb1 applicable, indicate N/A)	

The date of each amendment(s) adoption:, if	other than the
date this document was signed.	Junet alan an
(2/8/2017	
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 will not be document's effective date on the Department of State's records.	e 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 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.	
Dated	
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)	
Hector M Contreras Dua	ntp
(Typed or printed name of person signing)	
(Title of person signing)	