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TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Fast Fueling Inc				
DOCUMENT NUM	D17000035425				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Denise Gutierrez				
		Name of Contact Person	n		
	United Carrier Services				
		Firm/ Company			
	12525 W Okeechobee Rd				
		Address			
	Hialeah Gardens, FL 33018				
		City/ State and Zip Cod	e		
denis	se@cjginsurance.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	co call·			
TOT TUTLIET INTOTITIATIO	in concerning this matter, prea	se can.			
Denise Gutierrez		305	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fast Fueling Inc				
(Name o	of Corporation as currently	filed with the Florida Dep	t. of State)	
P17000035425				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	dopts the followi	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpor	orated" or the cation name must	abbreviation contain the
B. Enter new principal office address,	i <u>f applicable:</u>			
(Principal office address MUST BE A S	TREET ADDRESS)			
				
 C. Enter new mailing address, if applied (Mailing address MAYBE A POST) D. If amending the registered agent an new registered agent and/or the new registered agent	OFFICE BOX) C d/or registered office addres	s in Florida, enter the na	me of the	
	Jorge Demichelli			
Name of New Registered Agent	2027 NW 182 Ave			_
	(Florida stree	t address)		
	Pembroke Pines		. Florida 33029	
New Registered Office Address:		ity)	_,	Code)
		10	, ,	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wii	th and accept the obligation	2000 SEP -1 P	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Pres	_	Ciriaca Cedano	60 E 3 Street #804
Add				Hialeah, FL 33010
X Remove				
2) X Change	Pres	_	Jorge Demichelli	2027 NW 182 Ave
Add				Pembroke Pines, FL 33029
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				· ·
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)	
		•
		
· <u></u>		
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
······································		
···		

8/17/17	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
8/17/17	
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.	date will 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 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):	nen!
"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 sharehold action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	der
action was not required.	
8/17/17 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 co-appointed fiduciary by that fiduciary)	
Jorge Demichelli	
(Typed or printed name of person signing)	
President	
(Title of person signing)	