May 22 17 01:48 PM



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001389593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

: (813)774-4726

Fax Number

: (813)774-4726

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

COR AMND/RESTATE/CORRECT OR O/D RESIGN M & E BIXY HOME SRV INC

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$35.00		

Corporate Filing Menu

Trucking Permits and More 8138772186

Articles of Amendment to Articles of Incorporation of

BIT HAY 22 PM 4: 21

M & EBIXY HOME SRV INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P17000044065	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	un:
nume must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ntion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent ani/or registered office new registered agent and/or the new registered office ad	e address in Floridy, enter the name of the
Name of New Registered Agent	
(Flor	ida strvet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of 1	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.

X Change	PI	John Doe				
X Remove	¥	Mike Jones				
_X Add	SY	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1)Change	S	LEONEL CLEMENTE REYES	9110 SANDCROFT CT			
XAdd			TAMPA FL 33615			
Remove						
2) Change						
Add						
Remove						
3)Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			<u> </u>			
Add						
Remove						
C Change						
6) Change						
Remove						

Trucking Permits and More 8138772186

p.05

E.	tf amending or adding additional Artic	:les, enter change(s)	here:
	(Attach additional sheets, if necessary).	(Be specifio)	
	· · · · · · · · · · · · · · · · · · ·		
_			

F.	If an amendment provides for an exch	ange, reclassification	or cancellation of issued shares,
	provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contain	ed in the amendment itself:
	(9 100 0)		
••••			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	A	# · · · · · · · · · · · · · · · · · · ·	

	5/22/17	
The date of each amendment		, if other than the
date this document was signed	,	
TOTAL	5/22/17	
Effective date if applicable:	(no mure than 90 days after amendment file date)	
	(no more than 90 days after umenoment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ı
	cast for the amendment(s) was/were sufficient for approval	
ъу	(voting group)	
·	(voling group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated_5	122/17	
Signature _	<u>ll</u>	_
56	ly a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court populated fiduciary by that fiduciary)	
	CHIAVIANO, BIXY	
•	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	