



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC  
Account Number : I20140000047  
Phone : (813)774-4726  
Fax Number : (813)877-2186

**\*\*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  
ARGUSS TRUCKING CORP**

|                       |         |
|-----------------------|---------|
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| Certified Copy        | 0       |
| Page Count            | 05      |
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2017 DEC -7 A D 51  
FILED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ARGUSS TRUCKING CORP

DOCUMENT NUMBER: P17000046736

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRIAM VARGAS

Name of Contact Person

Firm/ Company

1721 W HILLSBOROUGH AVE

Address

TAMPA FL 33603

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM VARGAS

at (813) 7744726

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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

2017 DEC -7 A 10:57

ARGUSS TRUCKING CORP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PI7000046736

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

7816 N BOULEVARD

TAMPA FL 33604

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7816 N BOULEVARD

TAMPA FL 33604

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(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:

|                                            |    |             |
|--------------------------------------------|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input type="checkbox"/> Remove            | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)                 | Title | Name                     | Address          |
|-----------------------------------------------|-------|--------------------------|------------------|
| 1) <input checked="" type="checkbox"/> Change | P     | ARIEL CARDENAS CARPIO    | 7816 N BOULEVARD |
| <input type="checkbox"/> Add                  |       |                          | TAMPA FL 33604   |
| <input type="checkbox"/> Remove               |       |                          |                  |
| 2) <input checked="" type="checkbox"/> Change | VP    | GUSTAVO FERNANDEZ LORENZ | 7816 N BOULEVARD |
| <input type="checkbox"/> Add                  |       |                          | TAMPA FL 33604   |
| <input type="checkbox"/> Remove               |       |                          |                  |
| 3) <input type="checkbox"/> Change            |       |                          |                  |
| <input type="checkbox"/> Add                  |       |                          |                  |
| <input type="checkbox"/> Remove               |       |                          |                  |
| 4) <input type="checkbox"/> Change            |       |                          |                  |
| <input type="checkbox"/> Add                  |       |                          |                  |
| <input type="checkbox"/> Remove               |       |                          |                  |
| 5) <input type="checkbox"/> Change            |       |                          |                  |
| <input type="checkbox"/> Add                  |       |                          |                  |
| <input type="checkbox"/> Remove               |       |                          |                  |
| 6) <input type="checkbox"/> Change            |       |                          |                  |
| <input type="checkbox"/> Add                  |       |                          |                  |
| <input type="checkbox"/> Remove               |       |                          |                  |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 12/7/17

(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 listed as the document's effective date on the Department of State's records.

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)

☐ 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 12/7/17

Signature

Aniel Cardenas Carpio

(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)

Aniel Cardenas

(Typed or printed name of person signing)

President

(Title of person signing)