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.

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	Division of	Division of Corporations				
	Fax Number	: (850)617-6380		• • •		
	From:		•	•		
	Account Name	: LAXMY'S CARRIER S	ERVICES			
	•	er : 120040000007				
	Phone	: (305)640-0281				
	Fax Number	: (305)489-2902				
PH 5;02	COR AMND/RESTATE/CORRECT OR O/D RESIGN					
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5	L & P BEST TRUCKING CORP					
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Help

From: LAXMY CHACON

COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: L & P BEST TRU	CKING CORP	•
DOCUMENT NUM	BER: P17000046966		
The enclosed Articles	of Amendment and fee are si	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	PABLO M PASTRANA		
	L & P BEST TRUCKING C	Name of Contact Perso ORP	תכ
•	1490 W 42TH PLAPT 306	Firm/ Company	
	HIALEAH FL 33016	Address	
		City/ State and Zip Coo	de .
	GAIL.LAXMYSCARRIER@		
	E-mail address: (to be u	sed for future annual repor	t notification)
For further information	n concerning this matter, plea	se call:	
LAXMY CHACON		305	, 6400281
Name o	of Contact Person	Area Ce	de & Dayrime Telephone Number
Enclosed is a check for	the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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 The Ca 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

From: LAXMY CHACON

	Amendment to
	neorporation
Lef Bost tru	of CDP
1	atly filed with the Florida Dept. of State)
P1-10000465	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
· · · · · · · · · · · · · · · · · · ·	
nume 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". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	12010 NW 29TH ST
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE FL 33323
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12010 NW 25TH ST
	SUNRISE FL 33323
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>53:</u>
Name of New Registered Agent	
•	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	,
New Registered Agent's Signature, if changing Registered Agen	<u>ıc:</u>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Check if applicable	V
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c) FS
(1 E)	/ (L), F.O.

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	PT	John De	<u>∞</u>	
X Remove	Y	Mike J	ones .	
X Add	<u>SY</u> .	Sally Si	míth	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P	_	PABLO M PASTRANA	12010 NW 29TH ST
Add				SUNRISE FL 33323
Remove				
2) Change		_		
Add				
Remove 3) Change		·-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change	 -	•		
Add				
Remove				•

attach additional sheets, if neces.	al Articles, enter change(s) here: sary). (Be specific)			
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		7777	· · ·	
				
	·			
······································				
If an amendment provides for a	n exchange, reclassification, or c te amendment if not contained in	cancellation of issued shares,		
(if not applicable, indicate N	WA)	t the amendment usen:		
· · · · · · · · · · · · · · · · · · ·		****		
	- · · · · · · · · · · · · · · · · · · ·			
		*****	·	
	 ·		·	

	08/17/2021	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
08/1 Effective date <u>if applicable</u> :	7/2021	
Effective date if apprecione.	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this bidocument's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	ned by the incorporators, or board of director	rs without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	es east for the amendment(s)
must be separately provided for	roved by the shareholders through voting gro- each voting group entitled to vote separately for the amendment(s) was/were sufficient for	on the amendment(s):
by		
	(voting group)	 :
08/17/2021 Dated	Juil	
(By a d	rector president or other officer – if directors i, by an incorporator – if in the hands of a reced fiduciary by that fiduciary)	
	PABLO M PASTRANA	
	(Typed or printed name of person	signing)
	(Title of person signing)	