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TO: Amendment Section

Division of Corporations

CAR-GO PLUS INC NAME OF CORPORATION: 17000049265 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AA CAR-GO PLUS IN C DAVIE, F1 33325 City/ State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **☑** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

A	Articles of Incorpo	ration			
AAA C	AR-G0	PLUS	INC.		
(Name of Corporatio	n as currently file	d with the Fl	orida Dept. of St	ate)	
	0004926	5			
(Docume	ent Number of Cor	poration (if kn	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flore	da Profit Cor	ooration adopts t	he following ame	ndment(s) to
A. If amending name, enter the new name of the cor	rporation:				
C & C	CAR-G	O PW	S MC	The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the designatio	" "Inc," or "Co".	A profession	r "incorporated" nal corporation n	" or the abbrevi name must contai	ation n the
B. Enter new principal office address, if applicable:				red6 Di ri mud	
(Principal office address MUST BE A STREET ADD				G	
-				<u> </u>	
				500	
				F. 9. P.	— []-1-1
C. Enter new mailing address, if applicable:	_			معند المراج المانيات سنسان الروع المانيات	ψ.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>			<u> </u>	
	_			<u> </u>	,
	-	,	 		
D. If amending the registered agent and/or registere	ed office address i	n Florida, ent	er the name of t	<u>he</u>	
new registered agent and/or the new registered of	office address:				
Name of New Registered Agent					
The officer Hegister Hegister					
	49 11	P.1 .			
	(Florida street ac	idress)			
New Registered Office Address:			Flori		
	(City)	l		(Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		and accept the	obligations of the	e navitian	
Thereby accept the appointment as registered agent.	am jammar war.	ma accept me	congunous of m	e position.	
Signa	ture of New Regisi	ered 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> <u>Ja</u>	ohn Do	£	
X Remove	<u>V</u> <u>N</u>	like Joi	<u>nes</u>	
X Add	<u>sv</u> <u>s</u>	 Sally Sm	<u>pith</u>	
Type of Action (Check One)	Title	1	Name	Address
1) Change Add Remove				
2) Change Add		!		
Remove 3) Change Add				
Remove 4) Change				
Add Remove				
5) Change Add Remove				
6) Change				
Add				

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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	the amendment if not contained in the amendment itself:
(if not applicable, indicate	the amendment if not contained in the amendment itself:
provisions for implementing (if not applicable, indicate	the amendment if not contained in the amendment itself:
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(if not applicable, indicate	the amendment if not contained in the amendment itself:
(if not applicable, indicate	the amendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	older action and shareholder
Dated 11/29/2017	
Signature Affacts	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
NOEL O (Typed or printed name of p	ARTER Propries
	•
CHIEF EX	ECUTIVE OFFICER signing)