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| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nan | ne) |
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| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
| Opecial manacacins to | r milg Officer. | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: AHH-CHIA CORI | | |
|--------------------------------------|--|---|---|
| | BER: P17000055726 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | MARISELY SOTO | | |
| | | Name of Contact Person | n |
| | TRUCKER'S SERVICES IN | C | |
| | | Firm/ Company | |
| | 3906 N ARMENIA AVE | | |
| | | Address | |
| | TAMPA FL 33607 | | |
| | | City/ State and Zip Cod | e |
| | TSI@TRUCKERSSERVICE | SINC.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio MARISELY SOTO | n concerning this matter, pleas | se call:at (813 | |
| Name of Contact Person | | at (Area Co |) de & Daytime Telephone Number |
| | r the following amount made | | |
| ■ \$35 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) |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio The Co 2415 ? | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| rently filed with the Florida Dept. | of State) | |
|--------------------------------------|--|---|
| | | |
| ber of Corporation (if known) | • • | |
| this Florida Profit Corporation add | opts the following | amendment(s) |
| <u>n:</u> | | |
| | | The new |
| ". A professional corporation na | | |
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| address in Florida, enter the nam | e of the | |
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| da street address) | | |
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| (City) | (Zip Co | ode) |
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| liar with and accept the obligations | of the position. | |
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| na Bagiotonad to access if the const | | |
| | this Florida Profit Corporation add on: n, " "company," or "incorporated" on A professional corporation na P.A." e address in Florida, enter the namedress: ida street address) (Cay) | this Florida Profit Corporation adopts the following n. "company, or incorporated or the abbreviation A professional corporation name must contain P.A." address in Florida, enter the name of the dress: (Cay) (Cay) |

AHH-CHIA CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc | |
|----------------------------|-----------|---------------------|---------------------|
| X Remove | <u>V</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | VP | ALBERTO VAREA TORNA | 3700 CASTLE PINE LN |
| X Add | | | APT 4033 |
| Remove | | | ORLANDO FL 32839 |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | - |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | _ |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | (Be specific) | | | |
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| f an amendment provides for an excl | hange, reclassificati | on, or cancellation | of issued shares, | |
| | endment if not conta | ained in the amend | ment itself: | |
| provisions for implementing the ame | | | | |
| provisions for implementing the ame (if not applicable, indicate N/A) | | | | |
| provisions for implementing the ame | | | | |
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| 7/28/2020 |
|--|
| The date of each amendment(s) adoption: date this document was signed. , if other than the |
| 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 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 incorporators, or board of directors without shareholder action and shareholder action was not required. |
| 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 |
| (voling group) |
| Dated 7/28/2020 **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 court appointed fiduciary by that fiduciary) |
| ALFREDO HERNANDEZ |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |