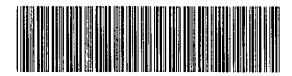
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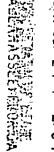
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>.</u>
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DD & G TRUCKI	NG SERVICES CORP	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DIDIER MUNOZ		
		Name of Contact Person	n
		Firm/ Company	
	15201 SW 80 ST APT 311		
		Address	
	MIAMI, FL, 33193		
		City/ State and Zip Cod	е
ddgu	uckingservices@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DIDIER MINOZ		31 (786	, 223-3249
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ariment of State:
S35 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)
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

Articles of Amendment

to

	Articles of Incorp	oration		
(Name of Corporation	3 Truck	ing Served with the Florida Dept	of State	2CD_
D17.000	sdella	17		
(Docun	nent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation.	a Statutes, this <i>Flor</i>	rida Profit Corporation ad	lopts the followin	g amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	," "Inc," or "Co"	'. A professional corpora		
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>/KESS</u>) -			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<i><u>X</u></i>)			
	-			
D. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter the nam	<u>ie of the</u>	
Name of New Registered Agen:				-
	F9 . 1		 	-
	Florida street a	(daress)		
New Registered Office Address:	(City	· ?)	. Fłorida(Zip (Code
			=4	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with	and accept the obligations	s of the position	
. , , , , , , , , , , , , , , , , , , ,		,	P 29 P	
Signo	ature of New Regis	tered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	GERARDO GARCIA	26100 SW 144 AVE RD UNIT 10.
Add			HOMESTEAD, FL 33032
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
51Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment pr <u>ovides f</u> or an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	edment if not contained in the amendment itself:
(if not applicable, indicate N/A	
· <u>-</u>	

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	09/25/2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/web	re adopted by the shareholders. The number of votes east for the amendment(stere sufficient for approval.	ı
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	71
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	5/2017	
Signature	De die de die de	
SG	By a director, president or other officer – if directors of officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	DIDIER MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	