

2/2/2018

Feb. 2. 2018 1:54 PM

No. 2415 P. 1

P7000072806

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000040387 3)))



H180000403873ABC+

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To:

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

From:

Account Name : A & L CARRIER SERVICES INC.
Account Number : I20110000033
Phone : (786)360-2879
Fax Number : (786)362-5270

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: Info@alcarrier-services.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BEST TRUCKING BUSINESS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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18 FEB -2 PM 2:00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FEB 08 2018

T. LEMIEUX

Feb. 7. 2018 3:15PM

No. 2458 P. 2/7

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST TRUCKING BUSINESS INC

DOCUMENT NUMBER: P17000072806

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

Please return all correspondence concerning this matter to the following:

MANUEL ALEJANDRO RUBIO LOPEZ

Name of Contact Person

BEST TRUCKING BUSINESS INC

Firm/ Company

17902 SW 144TH AVE

Address

MIAMI, FL, 33177

City/ State and Zip Code

INFO@ALCARRIERSERVICES.COM

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

For further information concerning this matter, please call:

LISANDRA GONZALEZ

at (786) 360-2879

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

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17 FEB -7 PM 3:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



February 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEST TRUCKING BUSINESS INC
15601 SW 137 AVE
APT# 134
MIAMI, FL 33177

SUBJECT: BEST TRUCKING BUSINESS INC
REF: P17000072806

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

This is a Profit corporation the document you sent in is for a Non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H18000040387
Letter Number: 418A00002339

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18 FEB -7 PM 3:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

BEST TRUCKING BUSINESS INC

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

P17000072806

(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)

17902 SW 144TH AVE

MIAMI, FL, 33177

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

17902 SW 144TH AVE

MIAMI, FL, 33177

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

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change		MANUEL A RUBIO LOPEZ	15601 SW 157 AVE APT#134
<input type="checkbox"/> Add			MIAMI, FL, 33177
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change		MANUEL A RUBIO LOPEZ	17902 SW 144TH AVE
<input checked="" type="checkbox"/> Add			MIAMI, FL, 33177
<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			

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[illegible][illegible]

The date of each amendment(s) adoption: 02/07/2018, if other than the date this document was signed.

Effective date if applicable: 02/07/2018
(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.

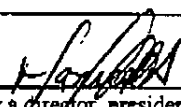
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 02/07/2018

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)

MANUEL ALEJANDRO RUBIO LOPEZ

(Typed or printed name of person signing)

PRESIDNET

(Title of person signing)