P17000079033

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

NAME OF CORPORATION: LIVING WATERS TRUCKING INC

DOCUMENT NUMBER: P17000079033

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

Please return all correspondence concerning this matter to the following:

JOSHIRO N RIVAS

Name of Contact Person

LIVING WATERS TRUCKING INC

Firm/ Company

10939 NW 87TH LN

Address

DORAL. FL 33178

City/ State and Zip Code

LIVINGWATERSTRUCKING@GMAIL.COM

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

For further information concerning this matter, please call:

JOSHIRO N RIVAS ____ at (786) 488-2938

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:

■ $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)

Articles of Amendment
to
Articles of Incorporation
of

2019 SEP 26 PM 1:48

LIVING WATERS TRUCKING INC

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

P17000079033

(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
its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A _____ *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)

N/A

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

N/A

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 N/A _____

_____
(Florida street address)

New Registered Office Address: N/A _____, Florida _____.
                                                    (City)   *(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

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

Type of Action (Check One)	Title	Name	Address
1) ____ Change _X_ Add ____ Remove	V	JAIME A RIVAS SOLORZANO	950 SW 66TH AVE APT 8 MIAMI, FL 33144
2) ____ Change ____ Add ____ Remove			N/A
3) ____ Change ____ Add ____ Remove			N/A
4) ____ Change ____ Add ____ Remove			N/A
5) ____ Change ____ Add ____ Remove			N/A
6) ____ Change ____ Add ____ Remove			N/A

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

N/A

_____

_____

_____

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F. 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 N/A)

N/A

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____, if other than 1
date this document was signed.

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 1
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.

SEPTEMBER 19, 2019
Dated_____

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)

JOSHIRO N RIVAS
_____

(Typed or printed name of person signing)

PRESIDENT
_____

(Title of person signing)