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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 : (813)774-4726 Phone Fax Number : (813)877-2186

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

| Email | Address: |  |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HAYDE TRANSPORTATION INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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Electronic Filing Menu

Corporate Filing Menu

## To: Page 4 of 8

## COVER LETTER

| TO: Amendment Secti<br>Division of Corpo |  |  |  |
|--|--|--|--|
| NAME OF CORPOR                           | ATION: HAYDE TRANSF  | PORTATION INC  |  |
| DOCUMENT NUMB                            | BER: P17000087194  |  |  |
|  | of Amendment and fee are st  | buitted for filing.  |  |
| Please return all corres                 | pondence concerning this ma  | atter to the following:  |  |
|  | ENRIQUE VIEJO  | 1  |  |
| •  | -  | Name of Contact Perso  | n  |
|  | 7113 HAZELHURST CT   |  |  |
|  |  | Firm/ Company  |  |
|  |  | Address  |  |
|  | TAMPA FL 33615   |  |  |
| •  |  | City/ State and Zip Cod  | e  |
| enria                                    | ue.viejo.ev@gmail.com  |  |  |
|  |  | sed for future annual report                                       | notification)  |
|  | ·  | •  | •  |
| For further information                  | concerning this matter, pleas  | se call:   |  |
| ENRIQUE VIEJO                            |  | 813 at (   | de & Daytime Telephone Number  |
| Name o                                   | of Contact Person  | Area Co  | de & Daytime Telephone Number  |
|  | the following amount made  |  | artment 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) |
| Ame<br>Divis<br>P.O.                     | ling Address Indinent Section Ission of Corporations Box 6327 That section 11 the section 12 the | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Innent Section on of Corporations Building Executive Center Circle             |

2018-06-25 15 20 15 (GMT)

18132001059 From Trucking Permits And More LLC

Articles of Amendment to Articles of Incorporation of 18 JUN 25 AM 7: 47

| TOAL | NICOUD | TATION | INCL |
|------|--------|--------|------|

| tion (if known)  Profit Corporation adopts the following amendment(s  The new apany," or "incorporated" or the abbreviation professional corporation name must contain the |
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| Profit Corporation adopts the following amendment(s  The new apany," or "incorporated" or the abbreviation   |
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| orida, enter the name of the   |
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| s <i>j</i>   |
| , Florida  |
| (Lip Code)   |
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To:

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 ~ Trustec; 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: XChange              | PT           | John Doc                  |                    |
|-------------------------------|--------------|---------------------------|--------------------|
| X Remove                      | <u>V</u>     | Mike Jones                |                    |
| X Add                         | <u>sv</u>    | Sally Smith               |                    |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>               | Address            |
| 1) Change                     | VP           | AMARALES ESTRADA, CECILIA | 7113 HAZELHURST CT |
| Add                           |              |                           | TAMPA FL 33615     |
| X Remove                      |              |                           |                    |
| 2) Change                     |              |                           |                    |
| Add                           |              |                           |                    |
| Remove                        |              |                           |                    |
| 3) Change                     |              |                           |                    |
| Add                           |              |                           |                    |
| Remove                        |              |                           |                    |
| 4) Change                     |              |                           |                    |
| Add                           |              |                           |                    |
| Remove                        |              |                           |                    |
| 5) Change                     |              |                           |                    |
| Add                           |              |                           |                    |
| Remove                        |              |                           | <del></del>        |
| 6) Change                     |              |                           |                    |
| Add                           |              |                           |                    |
| Remove                        |              |                           |                    |

| Attach additional sheets, if necessary).  | (Be specific)  |
|---|--|
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| If an amendment provides for an excha-<br>provisions for implementing the amen<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
|   |  |
|   |  |
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6/20/18 \_\_\_\_, if other than the The date of each amendment(s) adoption: \_ 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 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 east for the amendment(s) was/were sufficient for approval ☐ 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. 6/20/18 Dated Enrique Viejo 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) **ENRIQUE VIEJO** 

(Typed or printed name of person signing)

PRESIDEN T

(Title of person signing)