P180000 14907

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Freight and Cart	age Management Service	es Incorporated			
DOCUMENT NUM	P18000014907		****			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	Dominick Leonardi					
		Name of Contact Perso	n			
	Freight and Cartage Manangement Services Incorporated					
		Firm/ Company				
	2749 Abney Ave					
	-	Address				
	Orlando, FL 32833					
	_	City/ State and Zip Cod	e			
dlin	c2005@hotmail.com					
	E-mail address: (to be u	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea-	se call:				
Dominick Leonardi		407 at (484-7611			
Name of Contact Person Area Code & Daytime Tele		de & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment 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		Amenc Divisio Clitton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FREIGHT AND CARTAGE MANAGEMENT SERVICES INCORPORATED

(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ite)</u>
P18000014907		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, if applicable:	2749 ABNEY AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL 32833	
		An a
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2749 ABNEY AVE	F.1L
· · · · · · · · · · · · · · · · · · ·	ORLANDO, FL 32833	7 70 E
		<u>ω</u>
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 		<u>e</u>
N/A	3531	
Name of New Registered Agent		
—— (Florida s	street address)	.
N/Δ	, and the second	
New Registered Office Address:	, Florid #Cityi	a(Zip Code)
	,	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familia		tel
негогу иссерств арронитель as registered agent. Тат јатиш	with and accept the ornigations of the	postuon.
		
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, 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	AHLAM EL ASSAL	2749 ABNEY AVE
X Add			ORLANDO, FL 32833
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Romaro			

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	(b) specy(c)
<u> </u>	
F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	

. . . .

The date of each amendmen date this document was signed		, if other than
Effective date <u>if applicable</u> :	AUGUST 27, 2018	
лесиче пате <u>и аррисаме</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	,
"The number of vote	s east 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/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG Dated	UST 19, 2018	
Signature _	1) - 2 - 1	
(I 	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CED (LCORPOIRATOR (Title of person signing)	
	'(Title of person signing)	

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