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(((H21000127239 3)))

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone : (305)805-3516

Fax Number

: (305)887-5844

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANGEL SR TRUCKING CO.

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page.1



March 31, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

ANGEL SR TRUCKING CO. 1648 ANGEL AVE. MERRITT ISLAND, FL 32952

SUBJECT: ANGEL SR TRUCKING CO.

REF: P18000022462

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

If you are amending the officer please check one of the appropriate box on document.

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H21000127239 Letter Number: 221A00006724

P.O BOX 6327 - Tallahassee, Florida 32314

3058875844 p.3 (H21COO1Z72393)

COVER LETTER

TO:	Amendment	Section
	Division of (corporations

Division of Co.	rporations			
NAME OF CORPO	ORATION: SRD TRANSPOR	T CO.		
	4BER: P18000022462			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all con	respondence concerning this ma	atter to the following	;	
	SERGIO MORALES SOSA			
	SRD TRANSPORT CO.	Name of Contact	Person	
		Firm/ Compa	any	
	P.O. BOX 30131			
		Address		
	HOUSTON, TX 77009			
		City/ State and Zi	ip Code	
	LOGISTICS@SRDLY.COM			
	E-mail address: (to be us	sed for future annual	report i	notification)
For further informati	on concerning this matter, pleas	se call:		
SERGIO MORALE	S SOSA	at (619		643-5280
Name	of Contact Person	Ar	rea Cod	e & Daytime Telephone Number
Enclosed is a check I	or the following amount made	payable to the Florida	a Depar	tment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
គិត Div R.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	7 1 1 2	Division The Cer 1415 N.	ddress nent Section of Corporations ntre of Tallahassee Monroe Street, Suite 810 see, FL 32303

3058875844 p.4 H210001272393)

Articles of Amendment to Articles of Incorporation

of

ANGEL SR TRU	CKING CO.					
	(Name	of Corporation as currently	filed with the Florida Dept. of State)		
P18000022462						
		(Document Number of	Corporation (if known)			
Pursuant to the prits Articles of Inc	rpvisions of section 607, orporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fo	ollowing a	mendm	ent(s) to
A. If amending	pame, enter the new n	ame of the corporation:				
SRD TRANSPO	RT CO.			77	he nev	4)
"Inc.," or Co.,"	or the designation "C	the word "corporation," "co lorp," "Inc." or "Co". A or the abbreviation "P.A."	ompany," or "incorporated" or the abb professional corporation name must	reviation '	"Corp.,"	••
B. Enter new pr	incipal office address,	if applicable:	SAME			
(Principal office	address <u>MUST BE A S</u>	TREET ADDRESS)				
						
C. Enter new m	vailing address, if appli	cable:	SAME			
(Mailing addi	ress MAY BE A POST	OFFICE BOX)		-	(3)	
				<u> </u>	$\overset{\circ}{\mathbf{c}}$	
	:				P	
D. If amending 1	the registered agent on	d/or registered office odder	ess in Florida, enter the name of the			
new registere	ed agent and/or the nev	v registered office address:	ess in Phoritia, enter the name of the	严重	25	
Name of	New Registered Agent	SAME		,		
		(Florida stre	et address)			
New Rec	 istered Office Address:		. Florida			
		(4	City)	(Zip Code	e)	
Non-Dordon I						
I hereby accept th	agent's Signature, il ci le appointment as regist	nanging Registered Agent: ered agent. I am familiar wi	ith and accept the obligations of the pos	sition.		
	}		. , , ,			
		Signature of May Pa	gistered Agent, if changing			
		Signature of New Res	gisieren agent, ij chunging			
Check if applical		ursuant to s. 607.0120 (11) (e	7) E C			
m the amendmen	detal rasare acma med bi	изшанско 5. OV / .V12V (11) (6	:), Γ.δ.			

3058875844

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:

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	С	SERGIO MORALES SOSA	1648 ANGEL AVE	10.0
X Add			MERRITT ISLAND, FL 32952	M
Remove				
2) Change	<u> </u>			
Add				
Remove 3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		-		
Remove				
)				

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E. If amendin (Attach add	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/A		
		
		
		- <u></u>
-		
		
		
<u> </u>	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:	
(if not	ot applicable, indicate N/A)	
VA		
··		
		·
		
		
)	
		<u></u>

Mar 31 2021 2:15pm	Three_K	k		3058875844	p.7
		03/30/2	2021	(#21000	127239
The date of each date this documen	amendment(s) adopti	on: 0000	001		, if other than the
	Ů	cal 20100	721		
Effective date if a	pplicable:	07/10/2	<u>) (</u>		
		(no more than 90 days	after amendmen	l file date)	
Note: If the date document's effect	inserted in this block or we date on the Departn	does not meet the applicable sent of State's records.	statutory filing re	quirements, this date w	vill not be listed as the
Adoption of Ame	ndmeat(s)	(CHECK ONE)			
The amendmen action was not	t(s) was/were adopted required.	by the incorporators, or board	of directors with	out shareholder action a	nd shareholder
☐ The amendmen by the shareho	t(s) was/were adopted ders was/were sufficie	by the shareholders. The number of the The number of the shareholders.	ber of votes cast t	For the amendment(s)	
☐ The amendmen must be separa	t(s) was/were approved tely provided for each	by the shareholders through voting group entitled to vote so	oting groups. The caparately on the c	ne following statement nmendment(s):	
"The num	ber of votes cast for th	e amendment(s) was/were suff	icient for approv	al	
by				,**	
I	Dated_ 03/50/	(voting group)		-	
\$	ignatuc	CHW)		_	
	(By a director	, president or other officer - if	directors or offic	ers have not been	
	selected, by a	n incorporator – if in the hand uciary by that fiduciary)	s of a receiver, to	ustee, or other court	
		ergio M	orale.	s Sosa	
	_	(Typed or printed name of	of person signing)		
		Mesiden f	·		
•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Title of person signing)			· -