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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EEE TRUCKING	USA INC	
DOCUMENT NUMBER: P18000025149		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	,
Please return all correspondence concerning this management	atter to the following:	
MORALES, OSLAVIO		
	Name of Contact Person	1
	Firm/ Company	
114 SW VOLTAIR TERRA	ACE	
	Address	
PORT ST LUCIE, FL 3498	4	
	City/ State and Zip Code	2
omoral003@yahoo.com		
E-mail address: (to be u	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
MORALES, OSLAVIO	at (561	704-2085
Name of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EEE TRUCKING USA INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000025149 (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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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, 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>Р</u>	MORALES, OSLAVIO	114 SW VOLTAIR TER
Add			PORT ST LUCIE, FL 34984
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			.
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	(Be specific)			
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an amendment provides for an exc	hange, reclassificatio endment if not contai	n, or cancellation of i ned in the amendmer	ssued shares, at itself:	
provisions for implementing the ame (if not applicable, indicate N/A)				
provisions for implementing the amo				
provisions for implementing the am				
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provisions for implementing the amo				

The date of each amendment(s) adoption: date this document was signed.	, if other than th
·	
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 document's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"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 shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
03/19/2018	
Signature Catalogolo	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
MORALES, OSLAVIO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	