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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

Phone : (813)774-4726

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.

Fmail	Address:			

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FEDERAL OIL TRANSPORT INC

Certificate of Status	0
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S. PRATHER

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATIO

To: 18506176380

NAME OF CO	RPORAT	ION: FEDERAL OIL TR	RANSPORT INC	
DOCUMENT				
The enclosed A	rticles of A	mendment and fee are su	bmitted for filing.	
Please return all	l correspon	dence concerning this ma	tter to the following:	
	FUI	ENTES, ALFREDO		
		<u></u>	Name of Contact Person	n
	FED	DERAL OIL TRANSPOR	TINC	
			Firm/ Company	
	463	WHISPERING WIND.	AVE	
			Address	
	TAX	MPA, FL 33614		
			City/ State and Zip Cod	e
	aljo	nth@live.com		
		E-mail address: (to be us	ed for future annual report	notification)
For further info	rmation cor	ncerning this matter, pleas	se call:	
FUENTES, AL	FREDO		at (813	6136438
	Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a ch	neck for the	following amount made	payable to the Florida Dep	artment of State:
S35 Filing	Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amenda Division P.O. Box	Address eent Section of Corporations . 6327 see, FL 32314	Ameno Divisio The C 24151	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Ft. 32303

		to Articles of Incorp	oration		1
		of			
FEDERAL OIL TRANSP					
	(Name of Corp	oration as currently fi	iled with the Flo	rida Dept. of State	
P18000028176			·		
	(E	Ocument Number of Co	orporation (if kno	(תאים	ان د تا
Pursuant to the provisions its Articles of Incorporatio	of section 607,1006, F	lorida Statutes, this Flo	rida Profit Corp	oration adopts the	following amendment
A. If amending name, en	ter the new name of	the corporation:			***
name must be distinguisha					The new
name must be distinguished. "Inc.," or Co.," or the distinct of the conference of th	designation Corp, al association," or the office address, if appl	abbreviation "P.A."			· . · · · · · · · · · · · · · · · · · ·
	, •	• •			
•					
C. Enter new mailing a (Mailing address MA)	Y BE A POST OFFIC	<u>CE BOX</u>)			
					•
D. If amending the regis	tered agent and/or r	egistered office addre	es in Florida, er	iter the name of the	<u>1e</u>
D. If amending the regis new registered agent	and/or the new regis	itered office address:		•	
Name of New Res	gistered Agent				· ·
		(Florida stree	es address)		<u> </u>
		(1 10 111 111	•	Flori	da
New Registered (Office Address:		City)	, Flon	(Zip Code)
			City	٠.	•
•					
•					
New Registered Agent's I hereby accept the appoin	Signature, if changit atment as registered a	ng Registered Agent: gent. I am familiar w	ith and accept th	ne obligations of th	e position.
		Signature of New Re	egissered Agent,	if changing	
		•			•
Check if applicable □ The uniendment(s) is/ai	re being filed pursuan	at to s. 607.0120 (11) ((e), F.S.		

Page: 5 of 7

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6) ___ Change

Add

Remove

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 PT John Doc . X Remove <u>v</u> Mike Jones X Add <u>\$V</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) 3415 W HILLSBOROUGH AVE, · LEMAY QUINTANA RODRIGUEZ Change **TAMPA, FL 33614** Remove 5830 W 13TH AVE, HIALEAH ISNEL MILIAN GUTIERREZ 2) ____ Change FL, 33012 4636 WHISPERING WIND AVE X_Remove Tampa, FL 33614 _ Change Add Remove _ Change _ Add _ Remove 5) ____ Change Add Remove

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•	06/23/2021	, if other than the
The date of each amendmen	l(s) adoption:	
date this document was signed		
1 15	06/23/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	•
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
action was not required.	re adopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): cast for the amendment(s) was/were sufficient for approval	2021 JUN 24
by	(voting group)	m -
sk	ALFREDO FUENTES (Typed or printed name of person signing)	AM 8: 16
Signature (B.	dected, by an incorporator – if in the hands of a receiver, trustee, or other count pointed fiduciary by that fiduciary) ALFREDO FUENTES	STALL STALL