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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OZZIE TRUCKIN	IG CORP		
DOCUMENT NUM	BER: P18000057395			
	s of Amendment and fee are su	ıbmitted for tīl	ing.	
Please return all corre	espondence concerning this ma	ater to the folk	owing:	
	OSWALDO S CARRILLO			
		Name of C	ontact Persor	n
	OZZIE TRUCKING CORP			
			Company	
	1415 NE 137TH ST			
		Ac	dress	··
	NORTH MIAMI, FL 33161			
		City/ State	and Zip Code	c
4GI	OBALCORP@GMAIL.COM	1		\checkmark
	E-mail address: (to be us		number of	_
For further information	on concerning this matter, pleas	se call:		
OSWALDO S CAR	at	305	927-0769	
Name	of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the	Florida Depa	ortment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address			Address
	endment Section rision of Corporations			Iment Section
	Asion of Corporations 2. Box 6327			on of Corporations Building
-	lahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DZZIE TRUCKING CORP					
· 	f Corporation as currer	itly filed with the Florida Dept.	ot State)		
P18000057395					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, th	is <i>Florida Profit Corporation</i> ad	opts the following	g ameno	dment(s) to
A. If amending name, enter the new name	me of the corporation:			1276	
ame must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	nion "Corp." "Inc," or	"Co". A professional corpora			tion
Enter new principal office address i	Cannlicable:	1415 NE 137TH ST			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI, FL 3316	1 🚉	1 8	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1415 NE 137TH ST	1	ت <u>ت</u>	
		NORTH MIAMI, FL 3316	1	<u></u>	(/
			· ·	G	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		<u> 2881</u>	e of the		
	1415 NE 137TH ST				
	(Florida .	street address)			
New Registered Office Address:	NORTH MIAMI		33161 Florida		
	(City)		(Zip Code)		_

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: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	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) Change	Р	ALVARO GUEVARA	12963 W OKEECHOBEE RD ST
Add			HIALEAH GARDENS, FL 33018
X Remove			
2) Change	P	OSWALDO S CARRILLO	1415 NE 137TH ST
X Add			NORTH MIAMI, FL 33161
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		<u> </u>	_
Add			
Remove			
6) Change		_	
Add			·
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
		•			-
					
	- 				
			-		
	 		·		_
					
	<u> </u>				
					
					
f an amendment provides for an exch	ange, reclassific	ition, or cancellat	ion of issued s	hares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the ame	ndment itself:	1	
(y ma appacame, marcine mar					
		-	 		
					77 17

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07/10/1 Dated		
selo	a director, president or other officer – if directors or officers have not been cted, by at incorporator – if in the hands of a receiver, trustee, or other count ointed fiduciary by that fiduciary)	
	OSWALDO S CARRILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	