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R. WHITE. DEC 1 9 2010

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporation	ions		/
NAME OF CORPORAT	TION: J.	FreiGht	Express, COP
DOCUMENT NUMBER	:: <u>L 180000</u>	59775	
The enclosed Articles of A	Imendment and fee are sul	bmitted for filing.	
Please return all correspor	idence concerning this mat	tter to the following:	
	J.J. Fre.	Name of Contact Person    C	ess, COIP
	533/ SW	143 AV	
	PAdi	$\mathcal{F}$	75
Yes	Sica g bel E-mail address: (to be us	City/ State and Zip Code  Code Code  Code Code Code  Code Code Code  Code Code  Code Code  Code Code  Code Code  Code Code  Code  Code Code  Cod	41.col
For further information co	ncerning this matter, pleas	e call:	
VOSICA Name of C	Aldo ontact Person	at ( <u>786</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	ertment of State:
\$35 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)
<u>Mailing</u>	Address	<u>Street</u>	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

FIL.ED

	01	_		
J.J Freight Exor	ps lon	2018 DEC	13 44	
	ration as currently	filed with the Flori	da Dept. ef Sæge)	
		TALLAH	A SESTATE	
(Do	ocument Number of (	Corporation (if know	m)	
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpoi	ration adopts the following	ng amendn
. If amending name, enter the new name of th	e corporation:			
				The ne
ume must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Torp," "Inc," or "C	o". A professional	'incorporated" or the a corporation name must	ibbreviatio contain th
. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>				
				<u> </u>
Fetan con colling address if applicable				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
<del></del>				
			<del>-                                    </del>	
. If amending the registered agent and/or regi		ss in Florida, enter	the name of the	
new registered agent and/or the new registe	red office address:			
Name of New Registered Agent				_
	(Florida stree	rt address)	<del>-</del>	_
New Registered Office Address:			, Florida	
New Registered Office Address.	((	City)	, Florida(Zip	Code)
ew Registered Agent's Signature, if changing				
hereby accept the appointment as registered age	nt. I am familiar wi	th and accept the ob	ligations of the position.	
	Signature of New Res	gistered Agent if cha	 Inging	_
~		,	0.0	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Remove

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 = C.Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V.</u>	Defvis R. Torres	5331 SW 143 AR
Add		7	MIANIFL 33175
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			

Attach addition	ional sheets, if necessary). (Be specific)	
. <u>.</u>		
		<u>-</u>
		· · · · · · · · · · · · · · · · · · ·
f an amendn	ment provides for an exchange, reclassification, or cancellation of issued shares,	i
	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
() /	•	
	<del></del>	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: 12/10/2018.	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/10/2018	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, be an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	