## P18000000385

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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VON TRU	CKING EXPRESS INC
DOCUMENT NUMBER: P18000060285	5
The enclosed Articles of Amendment and fe	re are submitted for filling.
Please return all correspondence concerning	this matter to the following:
IVON FERNANDEZ	2
	Name of Contact Person
VON TRUCKING E	XPRESS INC
	Firm/ Company
890 NW 45TH AVE	APT 7
	Address
MIAMI FL 33126	
	City/ State and Zip Code
4GLOBALCORP@GMAI	I COM
_	(to be used for future annual report notification)
r,-man address (	to be used for future annual report notification)
For further information concerning this matt	er, please call:
IVON FERNANDEZ	at (786 ) 641-0902  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of S	
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, F1, 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

VON TRUCKING EXPRESS INC

2018 SEP 21 PM 4: 37

(Name of Corporation as currentl	y filed with the Florida Dept. of State) SECRETARY O
P18000060285	TALLAHASS
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	<u> </u>
471 - 1	
	vet address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the position.
Signature of New 1	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
I) Change	S	IVON FERNANDEZ	890 NW 45TH AVE APT 7
X Add			MIAMI FL 33126
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach adartional she	ng additional Articles, vets, if necessary).— (Be	e specific)	<u>-1.2</u> .		
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	(if not applicable	e, indicate N/A)				
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
парунсане.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	will not be fisted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment( $s$ ) sufficient for approval.	
☐ The amendment(s) was/were approvided for must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/18/18 Dated		
Signature	I how tounder.	
(By a select	director, president or other officer – Chrector or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	IVON FERNANDEZ	
	(Typed or printed name of person signing)	<del></del>
	SECRETARY	
	(Title of person signing)	