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AUG 2 7 2019 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: REVOL TRUCKI	NG INC	
DOCUMENT NUMB	P18000069065		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F.	ROBERT ACEVEDO		
_	<u> </u>	Name of Contact Person	1
F	REVOL TRUCKING INC		
_	Firm/ Company		
i	511 CRESTRIDGE DR		
_	•	Address	
A .	CISSIMMEE FL 34746		
_		City/ State and Zip Cod	c
BRENI	DA.MAS@AOL.COM		
		sed for future annual report	notification)
		·	·
For further information	concerning this matter, pleas	se call:	
BRENDA MAS		at (	3012659
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	irtment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 passee, FL 32314	Amend Divisio Cliffon 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

REVOL TRUCKING INC		
(Name of Corporati	on as currently filed with the Florida Dept. of State)	
P18000069065		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
	d "corporation," "company," or "incorporated" or ." "Inc," or "Co". A professional corporation name abbreviation "P.A."	
B. Enter new principal office address, if applicable	::	
Principal office address MUST BE A STREET ADE		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	-1
		ESS TO
		AE B
		- <del></del>
). If amending the registered agent and/or register	red office address in Florida, enter the name of the	SEE OF THE
new registered agent and/or the new registered	office address:	AH OF OS
Name of New Registered Agent		<u> </u>
		Name of the second
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
		,
New Registered Agent's Signature, if changing Reg	<mark>istered Agent:</mark> I am familiar with and accept the obligations of the posi	·

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	<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	
l) Change	P	ROBERT ACEVEDO	1511 CRESTRIDGE DR	
XAdd			KISSIMMEE, FL 34746	
Remove				
2) X Change	VP	CHARLIE J DIAZ RIVERA	1511 CRESTRIDGE DR	
Add			KISSIMMEE FL 34746	
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		<del></del> -		
Remove				

	nding or adding additional Ai additional sheets, if necessary)	). (Be specific)	<del></del>		
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			•	<u> </u>	
	<u>mendment provides for an exc</u>	change, reclassificat	tion, or cancellation o	f issued shares,	
fan ai	sions for implementing the am	<u>rendment if not con</u>	tained in the amendm	<u>ient itself:</u>	
<u>provis</u>	2 to 1.7 to 10 5 to 4.5				
<u>provis</u>	f not applicable, indicate N/A)				
<u>provis</u>	f not applicable, indicate N/A)				
<u>provis</u>	f not applicable, indicate N/A)		_		
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<u>provis</u>	f not applicable, indicate N/A)				
provis	f not applicable, indicate N/A)				
provis	f not applicable, indicate N/A)				
provis	f not applicable, indicate N/A)				
provis	f not applicable, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/01/2019	
Effective date if applicable: (no i	nore than 90 days after amendment file date)
,	:- · · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block does not med document's effective date on the Department of State's	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approx	olders. The number of votes cast for the amendment(s) al.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes east for the amendment	(s) was/were sufficient for approval
by	
(voting gr	oup)
action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and shareholder
Dated08/09/3	2019
	or other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court at fiduciary)
R	obert Acevedo
(Typed	or printed name of person signing)
	President.
	(Title of person signing)