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COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address For further information concerning this matter, please call: at (SU()) (3) 1896 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

S&R Luciche Trucki	ng and Deliver	n. Corp.
(Name of Corporation as curre	ntly filed with the Florida Dept.	
P15000053473		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i> ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
(0		
N) F1		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable:	r "Co". A professional corporati	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	l	~-1
		- 15 - 15 -
		:-\frac{\chi}{2} \chi \frac{\chi}{2} \chi \fra
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
(m-m, m)		
		1
D. If amending the registered agent and/or registered office ac	ddress in Florida, enter the name	of the
new registered agent and/or the new registered office address		
Name of New Registered Agent Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent.	
I hereby accept the appointment as registered agent. I am familia		of the position,
		· · ·
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:	s, ana sai	iy Smun, Sr us un Ada.	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	- Rayshell Shaw-Sewel	DPB FI 3345)
Add		,	WPB F1 33407
Remove			
2) Change	P	Suranne Sewell	340 West 23rd street Rivera Brach
X Add		•	
Remove			Fl 33404.
3) Change	+		
Add			
Remove			
4) Change			
Adđ			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

samending or adding additional Articles, enter change(s) here:			
Attach additional sheets, if necessary). (Be specific)			
N/f			
	 		
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	<u> </u>		
	<u> </u>	Ø	
		— <u>S:</u> P	
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	11.7	Q'i	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ے ا	רור	
provisions for implementing the amendment if not contained in the amendment itself:	**;	æ	
(if not applicable, indicate N/A)	ξ	 သ	
	<u> </u>	ယ္	
N/H		ω_	
N/H			
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_ N/H			
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N/H			

The date of each amendment(s) adoption: 9/12/2019	, if other th	han the
date this document was signed.	, =	
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed	as the
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 9/12/2019	\$ 19	
Signature	II	1)
(By a director, president or other officer – if directors or officers have not been	<u> </u>	- 1
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	<u> </u>	1
appointed fiduciary by that fiduciary)	· (- James James
Rayshell Shaw-Swell	: 33 	
(Typed or printed name of person signing)		
President		
(Title of person signing)		