## D18000086398

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BEST Trucking Express, Inc	
document number: <u>P1800086398</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
Name of Contact Person	
Best Trucking Extrass, Inc	
6805 W 3rd Court APT 104E	
Hial-ah FL 33014 City/ State and Zip Code	
E-mail address: (be used for future annual report notification)	
E-mail address: (he be used for future annual report notification)	
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For further information concerning this matter, please call:	
$\neg \neg $	
Tubnne Lima at (786) 209-8964 52  Name of Contact Person Area Code & Daytime Telephone Number 52	,
Name of Condict reison Area Code & Daytime Telephone Number 75	٠.
Enclosed is a check for the following amount made payable to the Florida Department of State:	• 7
S35 Filing Fee	
(Additional copy is Certified Copy	
enclosed) (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000086398	
(Document Number of	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) to
A. If amending name, enter the new name of the corporation:	
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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	APT LOYE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hialiah FL 33014 6805 W 3rd Court APT 104 E Hialiah FL 33014
D. If amending the registered agent and/or registered office address  Name of New Registered Agent	ress in Florida, enter the name of the
6805 West (Florida str	3rd COURT APT OUE
New Registered Office Address: Hiakah	(City), Florida 33014 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations 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:	C. 11711 1501	ny oman. Or us un suu.	
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)	Title	Name	Address
1) X Change	<u>P</u>	Trong Lima ins The same	Higher PL 33014
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change	<del></del> -		· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
an amendment provides for an eyels	lange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	er than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	_
(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 will not be lis document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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.	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by 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)	-
(Title of person signing)	_