P18000091702

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
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7/8/21

COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Black Tip trucking INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Austin Scheelinga Name of Contact Person
Black lip trucking
5960 Wilkinson Road Apt 104 Address
Sarasuta FL 34233
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (94), 799-1313 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

118000091702	king inc	Dept. of State)
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit Corporatie</i>	on adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	on:	
	NA	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation	o". A professional corporatio	ted" or the abbreviation "Corp.," on name must contain the word
3. Enter new principal office address, if applicable:	\mathcal{N}/\mathcal{A}	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	 	202 SE T
		
		
C. Enter new mailing address, if applicable:	1/1	AS AS
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		SO A M
		<u> </u>
		36 TE
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		name of the
Name of New Registered Agent /	VI A	
(Flor	ida street address)	
. /	ida strvet address) l	Florida
(Flor New Registered Office Address:	ida street address) (City)	Florida
. /	ida street address) (City)	Florida(Zip Code)
New Registered Office Address: New Registered Office Address	(City)	(Zip Code)
New Registered Office Address: New Registered Office Address	(City)	(Zip Code)
New Registered Office Address: Sew Registered Agent's Signature, if changing Registered Abereby accept the appointment as registered agent. I am fam	(City)	(Zip Code) tions of the position.

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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
1) Change	<u>P</u>	Austin Scheelinga	415 winding brook lane unit 10
Add		J	Bradenton FL 34212
Remove	_		
2) Change	<u>_P</u>	John Scheeringa	Ruskin FL 33570
X Add		· ·	Ruskin FL 33570
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Domara			

	(Be specific)
-	· 1000
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and and in the amendment itself:
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

¥ ...

The date of each amendment(s) adoption: $\frac{5/26/2}{2}$ date this document was signed. Effective date if applicable: $\frac{5/26/202}{2}$	0と1
The date of each amendment(s) adoption:	if other than the
Effective date if applicable: $\frac{5/26/202}{}$	r amendment file date)
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of d action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separ	g groups. The following statement ately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient	nt for approval
by	<u></u>
(voting group)	
Dated 5/26/2021 Signature Austr	
Signature (By a director, president or other officer – if dire	000
selected, by an incorporator – if in the hards of	a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of pe	eeling h
President	rson signing)
(Title of person signing)	