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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NG TRUCKING FUC DOCUMENT NUMBER: P18000095982
DOCUMENT NUMBER: P 18 0000 9 5 982
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heidi Howell Name of Contact Person
SS2 NW Labrea Ave
NG TRUCKING Inc Firm/ Company SS2 NW Labrea Ave Address Port St Lucie Fr 34983 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Heidi Howell at (772) 301-2701 Name of Contact Person Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	f
NG Trucking	g Inc FILED
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P 18 0000 9	
	of Corporation (if known) SEGRETARY OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
<i>N/A</i>	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or " word "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" 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>)	<i>N/A</i>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	S52 NW Labrea Hue Port St Lycie FC 34983
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent Heidi H	pwell
	La Brea Ave
3	reet address)
New Registered Office Address:	St Lucie Surida 34983 (City) (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
1.1	with and accept the obligations of the position. 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:	ve, una sany smi	m, 5r as an Ada.	
X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>\$</u>	Barbara Warren	8914 SE Lucaya Los Hobe Sound FC 3345
Add Remove			Hobe Sound FC 3345
2) Change	<u> </u>	Jose Delarpio	8914 SE Lucaya Lr Hobe Sound FL 33455
Remove 3) Change Add	PTS	Heridi Howell	552 NW LaBra Ave Port St Lucie Fr 3198
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Artich	e VI	Amen D	Heidi Howell	
			Heidi Howell 552 NW Lai Port St Lucie	Brea Ave
			Port St Luie	FL 3 V983
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amendment prov	vides for an ex	xchange, reclassification	on, or cancellation of issued shares, ined in the amendment itself:	
(if not applicable,	indicate N/A))	med in the amendment usen:	
V/A				
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	- <u>-</u>			
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The date of each amendment(s) adoption: 7/22/2019, if other than the date this document was signed.
Effective date if applicable: 7(22/2019 (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 listed as the document's effective date on the Department of State's records.
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.
Dated7/22/2019
Dated
(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)
Heidi Howell
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)