P18000097165

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _D&D CARRIER SERVICE INC **DOCUMENT NUMBER:** P18000097165 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARMEN L. PENA Name of Contact Person D&D CARRIER SERVICE INC Firm/ Company 533 EAST 19TH STREET Address HIALEAH, FL 33013 City/ State and Zip Code DDCARRIERSERVICE26@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARMEN L. PENA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee S43.75 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

D & D CARRIER SERVICE INC

/NI	en 1 201 1 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60.43		
(Name of Corporation as currently	med with the Fiorida Depi	. of State)		
P18000097165				
(Document Number of	Corporation (if known)			- ' ,
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation ac	lopts the follow	ing ame	ndment(s)
A. If amending name, enter the new name of the corporation:				
			The	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: 	ess in Florida, enter the nar	ne of the	2020 JUL 2	
Name of New Registered Agent		<u> </u>		,
		ří÷. Ou.	PH	1 4
(Florida stre	et address)	7.5	_Ċi	
New Registered Office Address:		. Florida	56	
	City)		Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligation	s of the position		
Signature of New Re	gistered Agent, if changing		*****	
	o			
Check if applicable				

☐ 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 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 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>	Address
1) Change	V.P.	DARIEL DELGADO	533 EAST 19TH STREET
Add			HIALEAH, FL 33013
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			2020 A
Remove			<u></u>
4) Change			21
Add			CO TO 3
Remove			55 55 55 55 55 55 55 55 55 55 55 55 55
5) Change			——————————————————————————————————————
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	r adding additional Artic nal sheets, if necessary).	(Be specific)	_		
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		1			
					
	,				
				. 	
		<u> </u>			
					
					
					
					
_		 -			
If an amendn	ent provides for an excha	nge, reclassification, or	<u>r cancellation of issue</u>	<u>ed shares,</u>	
Cifnot ar	r implementing the amenolicable, indicate N/A)	dment if not contained	in the amendment it	<u>self:</u>	
		DV. CADMENIE DEN	. A		
	OCK SHARES OWNED	BY: CARMEN L. PEN	A	<u> </u>	
					
				<u></u>	
					
					
					

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•	07/13/2020	
The date of each amendmen date this document was signed		, if other than the
•	07/13/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requireme he Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the areere sufficient for approval.	mendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendment	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/13. Dated	/2020	
Signature	Canal	
SC	y a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	CARMEN L. PENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	