

P18000 103206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

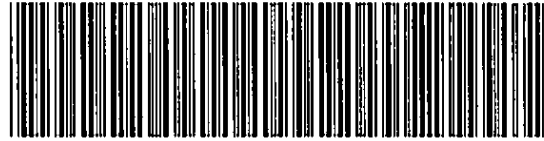
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -4 PM 2:30

U.S. DEPT. OF JUSTICE

C GOLDEN

MAR - 6 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NUE GENERATION LOGISTICS INC

DOCUMENT NUMBER: P18000103206

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myron D. Travis

Name of Contact Person

NUE GENERATION LOGISTICS INC

Firm/ Company

1005 1/2 W. Washington St.

Address

Plant City , FL 33563

City/ State and Zip Code

M.D. Travis, Trucking3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myron D. Travis at (727) 450-9772
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

2019 MAR -4 PM 4:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2019

MYRON D. TRAVIS
1005 1/2 W. WASHINGTON STREET
PLANT CITY, FL 33563

SUBJECT: NUE GENERATION LOGISTICS INC
Ref. Number: P18000103206

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please remove "Public Minister", from the registered agent and the CFO, also check the type of action for each officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00003398

Articles of Amendment
to
Articles of Incorporation
of

FILED

NUE GENERATION LOGISTICS INC

2019 MAR -4 PM 2:30

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000103206

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MD TRAVIS TRUCKING INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Myron D. Travis

1005 1/2 W. Washington St.

Plant, City FL 33563

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Errol M. Travis

1005 1/2 W. Washington St.

(Florida street address)

New Registered Office Address: Plant City, Florida 33563
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>CEO</u>	<u>Nikkai F. Johnson</u>	<u>1005 1/2 W. Washington St</u>
<input type="checkbox"/> Add			<u>Plant City, FL 3356</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>member</u>	<u>Nikkai F. Johnson</u>	<u>1005 1/2 W. Washington St</u>
<input checked="" type="checkbox"/> Add			<u>Plant City, FL 33563</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CEO</u>	<u>Myron D. Travis</u>	<u>1005 1/2 W. Washington St.</u>
<input checked="" type="checkbox"/> Add			<u>Plant City, FL 33563</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CFO</u>	<u>Errol M. Travis</u>	<u>1005 1/2 W. Washington St.</u>
<input checked="" type="checkbox"/> Add			<u>Plant City, FL 33563</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

2/5/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

2/5/2019

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 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)

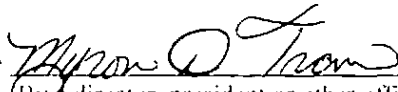
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

2/5/2019

Dated _____

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)

Myron D. Travis

(Typed or printed name of person signing)

C.E.O

(Title of person signing)