P1900000 8548

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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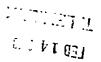
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VINET PROFESSIONAL TRUCKING INC DOCUMENT NUMBER: P 19000008548
DOCUMENT NUMBER: P 1900008548
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rafael Valdes
YINET PIOFESSIONAL TIVCKING INC Pirm/ Company
2118 W CRAW FORD ST
2118 W CRAW FORD ST TAMPA FL 33604
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rafall Vald15 at 1 813 638-6480 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
Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

Articles of Amendment

10

	Articles of Incor	poration		2 2 2
Yinet	P10F1551	ONOL T	(UCKING	
(Name of C	lorporation as currently f	iled with the Florid	de Deni. of State	2 2: \$5
<u> </u>	8548		<u> </u>	
	(Document Number of C	orporation (if know	n)មានក្រាស់ក្រាស់	t
Pursuant to the provisions of section 607.100 its Articles of Incorporation;	06. Florida Statutes, this <i>Flo</i>	orida Profit Corpor	ation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name	of the corporation:			
	·			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp." "Inc." or "Co	r". A professional	incorporated" or the corporation name in	The new he abbreviation nust comain the
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)				
C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>				
D. If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent	r registered office address egistered office address:	s in Florida, enter (the name of the	
	(Florida street	address)		
New Registered Office Address;			, Florida	
	(C)	ήψ		Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: d agent. I am familiar with	h and accept the obt	ligations of the positi	on.
	Signature of New Regi	istered Agent, it cha	maina	

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.

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer-director holds more than one title, list the first letter of each office hold President, Treasurer, Director would be PTD.$

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) 1) Change Add Remove	P.	ANDY TOMES	Address 2118 W Crawford S TAMPA FL 3360
2) Change Add Remove Add Remove Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or add (Attach additional sl		es, enter change(s) (Be specific)	<u>here</u> :		
Please	I War	ut to	Remo	ved	Andy
TOLLES	I War	Nou		ALL V	latdes
Will k	se the	only	OWN	I/R C	of the
CORPOR	-stim.	0			
RAFA	el Val ident.	d15	Will b	e Ti	he
PILS	ident.				
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·		·····			· · · · · ·
	·· <u>·</u> ·····				
t If an amendment of				# Construction of the cons	
	plementing the amend				
(у погарриса	ible, indicate N/A)				
		·····			
					
		 			
- 1-11-21				<u></u>	
			,	71	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east 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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $\frac{2/6/19}{2/19}$	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c	en
appointed fiduciary by that fiduciary)	Curt
Ratuel Valdes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·