P190000 17458

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRUCK HAULIN	EXPRESS CORP						
DOCUMENT NUMBER: P19000017458							
The enclosed Articles of Amendment and fee are su	ibmitted for filing.						
Please return all correspondence concerning this ma	tter to the following:						
PEDRO E ROMERO							
	Name of Contact Person						
TRUCK HAULIN EXPRESS	S CORP APT 325						
	Firm/ Company						
11440 Whistlers Cove Cir							
	Address						
NAPLES FL 34113							
	City/ State and Zip Code	2					
truckhaulin@gmail.com							
E-mail address: (to be us	sed for future annual report	notification)					
For further information concerning this matter, pleas	se call:						
PEDRO E ROMERO	239 at (330-5340					
Name of Contact Person		de & Daytime Telephone Number					
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:					
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

TRUCK HAULIN EXPRESS CORP				
	as currently filed with the Florid	a Dept. of State)		
P19000017458				
(Documen	t Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corpora	tion adopts the following	g amendmei	nt(s) to
A. If amending name, enter the new name of the corpo	oration:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	'Inc." or "Co". A professional ca	scorporated" or the ab	The new obreviation contain the	
B. Enter new principal office address, if applicable:			~3	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	4.1	019	
			<u> </u>	
C. Enter new mailing address, if applicable:			W	. 1 .
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			10: \$	
			Ö	1
			— 	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the ce address:	e name of the		
Name of New Registered Agent				
	(Florida street address)			
Name Paraise and Office All				
New Registered Office Address:	(City)	Florida (Zin Ce	ode)	
	·		,	
N				
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: 1 familiar with and accept the obliv	ations of the position		
, , , , , , , , , , , , , , , , , , ,	.,	anons of me 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)

Remove

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 Mike Jones \underline{X} Add SVSally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) Nolberto Diaz 11440 Whistlers Cove Cir APT 325 1) ____ Change NAPLES, FL 34113 Add ___ Remove 2) ____ Change ___ Add __ Remove 3) ____ Change ___ Add __ Remove 4) ____ Change ___ Add _ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change ____ Add

	r adding adding al sheets, if nec	essary). (Be sp	pecific)				
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an amendme	nt provides for	an exchange, re	eclassification,	or cancellation	of issued sha	res,	
A OVISIOUS TOE	licable, indicate	the amendment	it not containe	a in the amena	ment itself:		
(if not app							
(if not app				-			
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The date of each amendment(s) added this document was signed.	loption:	, if other than the
Effective date if applicable:		
is applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this c partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
05-02-2019 Dated Signature		
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	rt
	PEDRO E ROMERO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	 -