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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: AROD BEST TRA	ANSPORTATION INC		
DOCUMENT NUME	BER: P19000036872			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ARIEL RODRIGUEZ			
		Name of Contact Persor	1	
	AROD BEST TRANSPORT	ATION INC		
		Firm/ Company		
	4218 N MANHATTAN AVI	<u>:</u>		
		Address		
	TAM <b>P</b> A FLORIDA 33614			
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report	notification)	
		,	·	
For further information	n concerning this matter, plea	se call:		
ARIEL RODSRIGUE	Z	239	202-1841	
Name o	of Contact Person	at (239 ) 202-1841  Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address inducent Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

۸	ROD	REST	TRA	NISPO	ORTA:	TION INC.

(Name	of Corporation as curren	tly filed with the Florida De	pt. of State)		· · ·
P 19000036872			<del></del>		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the followin	g amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A				The nev	lt.'
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp." "Inc," or "Co".	A professional corporation	l" or the abbreviation name must contai	on "Corp., n the wor	 d
B. Enter new principal office address,	if annlicable:	4218 N MANHATTAN	AVE		
(Principal office address MUST BE A S		TAMPA FLORIDA 33614			
				20	
					E2
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		SAME ABOVE		2 Å0	
				5.	. '
				<del></del>	-
				_بب ح	3
D. If amending the registered agent ar new registered agent and/or the ne				-	
	registered office addre	<del> </del>			
Name of New Registered Agent				_	
	(Florida :	street address)		-	
New Registered Office Address:	4218 N MANHATTAN AVE TAMPA . Florida 33614				
wew Registered Office Address.	(City)		<del></del> ,	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agei tered agent. I am familia.	nt: r with and accept the obligation	ons of the position.		
	N	10			
	Signature of New	[ ] [ ] Registered Agent, if changing	<del> </del>	-	

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add  Remove	P	JIM RODRIGUEZ	2303 W COMANCHE AVE
2) Change X		JIM RODRIGOLIZ	TAMPA FLORIDA AVE
Add  Remove Change	P	ARIEL RODRIGUEZ	4218 N MANHATTAN AVE
Add			TAMPA FLORIDA 33614
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

N/A	
`	
	<del></del>
	<del></del>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption:	, if other than t
	, if other than t

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)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of v flicient for approval.	rotes east for the amendment(s)
	roved by the shareholders through voting geach voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient f	or approval
by		:"
,	(voting group)	
action was not required.	pted by the board of directors without shar-	
selecte	rector, president or other office) – if directed, by an incorporator – if in the hands of a red fiduciary by that fiduciary	
	ARIEL RODRIGUEZ	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	