P190000 39161

(Re	questor's Name)		
(Ad	ldress)		
(Address)			
(10	uress,		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
	ninna Catibo Nam		
(Bu	siness Entity Name	е)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
'	_ `		
Special Instructions to	Filing Officer:		
		į	

Office Use Only



200343307282

04/21/20--01005--024 **35.00

RECEIVED

APR 20 2020

MAISIBL OF LOSS OF LA

QK1 SIM120

COVER LETTER

TO: Amendment Section

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 244 73 12

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 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

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation

CRUZ FAMILY TRU	CKING CORP.
	v filed with the Florida Dept. of State)
P19000039161	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
CRUZ DOMINGUEZ 7	FAMILY CORP. The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8253 SW 107aue
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME as principal)
D. If amending the registered agent and/or registered office address Name of New Registered Agent Agent	ress in Florida, enter the name of the important the name of the position of
New Registered Office Address: Nami	107 ave UNITD
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 Re	App
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S. P

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add		1	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· ————————————————————————————————————	
Remove			

	adding additional Artical sheets, if necessary).	(Be specific)				
	v /A					
'	^ / /-1		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	,					
	· · · · · · · · · · · · · · · · · · ·	-		-		
	 					
						
				<u> </u>		
		-		· · · · · · · · · · · · · · · · · · ·		
		 -				
						<u></u>
_						
						<u></u> .
	 					
		_			<u></u>	
,					_	
<u>in amenume</u> rovisions for	nt provides for an exch implementing the ame	ange, reclassifica	ation, or cancella	ation of issued s	hares,	
(if not apr	licable, indicate N/A)	nament ii not coi	ntameu iii tiie ai	nenument usen	<u>i</u>	
., ., ., ., ., ., ., ., ., ., ., ., ., .	1					
	A					
	1					
	_ 	_				
 .						

.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : \(\times \sqrt{\alpha} \int A	0 days after amendment file date)
(no more than S	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	
by(voting group)	 •
Dated 04 15 2020	
Dated 01 15 12020	
Signature // Rada	
	cer - if directors or officers have not been
appointed fiduciary by that fiduciary	e hands of a receiver, trustee, or other court
•	
Aridis De	omingue y
(Typed or printed	name of person signing)
Vice F	resident
(Title of person si	gning)