P19000054033/

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: KKK Trucking Services Inc DOCUMENT NUMBER: P19000040331 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Denise Gutierrez Name of Contact Person United Carrier Services Firm/ Company 12525 W Okeechobee RD Address Hialeah Gardens, FL 33018 City/ State and Zip Code denise@cjginsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Denise Gutierrez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

KKK Trucking Services Inc

· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of Stat	e) (3)
P19000040331		<u> </u>
(Document Number	of Corporation (if known)	*
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendme
A. If amending name, enter the new name of the corporation:		
KGT Trucking Services Inc		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nat	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable:	6165 W 22 Ct	
(Principal office address MUST BE A STREET ADDRESS)	Apt 103	
	Hialeah, FL 33016	
 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 registered agent and/or the new registered office address 		
Name of New Registered Agent		
Name of New Registerea Agem		 -
(Elurida s	treet address)	
in to take 3		
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	it: with and accept the obligations of the p	oosition.
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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
\underline{X} Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add		_			
Remove					
5) Change		_			
Add					
Remove					
6) Change				<u> </u>	
Add					
Ramova					

Attach addi	g or adding additional A tional sheets, if necessary). (Be specific)			
			·		
				,	
					
·					
	<u> </u>				-
					
	dment provides for an ex				<u>s,</u>
provisions (if not	for implementing the an applicable, indicate N/A)	nendment if not co	ontained in the am	endment itself:	
(5)					
					. ,
	· · · · · · · · · · · · · · · · · · · 		 		

	9/30/19	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
Effective date if applicable:	/30/19	
Enective date <u>if applicable</u> .	(no more than 90 days after	r amendment file date)
Note: If the date inserted in the	s block does not meet the applicable statute. Department of State's records.	ory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separa	
"The number of votes of	ast for the amendment(s) was/were sufficient	for approval
by	(voting group)	<u> </u>
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without sha	areholder action and shareholder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareho	older action and shareholder
9/30/19 Dated		
Dated		
Signature	Tark	
(By	a director, president or other officer – if directed, by an incorporator – if in the hands of a cointed fiduciary by that fiduciary)	
	Yoandry Guerra Machado	
	(Typed or printed name of pe	rson signing)
	President	
	(Title of person si	gning)