P20000012091

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
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Michael

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: RDAB TRUCKIN	G CORP	
	1BER: P20000012091		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	IVETTE REYES		
		Name of Contact Person	n
	RDAB TRUCKING CORP		
		Firm/ Company	
	14906 ARBOR SPRING CIR	R APT103	
		Address	
	TAMPA, FL 33624		
		City/ State and Zip Cod	<u></u>
	RDABTRUCKINGCORP@0	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas		352-8675
	e of Contact Person	at (813	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

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R	Œ	А١	-3	FRI	ЦC	ĸι	NΙ		OR.	P

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P20000012091	
(Document Number of	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 amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," '"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	12
	
	2
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Province and Office Address	Flacida
New Registered Office Address:	, Florida (City) (Zip Code)
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 I	Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	RENZO DEL AGUILA	14906 ARBOR SPRING CIR
Add			APT 103
Remove			TAMPA. FL 33624
2) Change			
Add			
Remove 3) Change	PRES	IVETTE REYES	14906 ARBOR SPRING CIR APR 103
X Add		 	TAMPA, FL 33624
Remove			<u>-</u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additio	r adding additional and sheets, if necessar	y). (Be specific)				
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provisions for	ent provides for an e implementing the a	<u>exchange, reclassi</u> (mendment if not	lication, or cance	<u>llation of issued s</u> amendment itself	hares,	
(if not apį	olicable, indicate N/A)	contained in the		<u></u>	
						
		 				
					-	
		 -				

The date of each amendment(s) acd date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this 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 ado action was not required.	pted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen	nt(s)
must be separately provided for	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
Dated Cc	-08-2020	
Signature	-08-2020 D.HES	
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 coefficiery by that fiduciary)	ı uri
	RENZO DEL AGUILA	
•	(Typed or printed name of person signing)	
	VP	
•	(Title of person signing)	