P200000 20175

(Requestor's Name)
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! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corpo			e e
NAME OF CORPOR	ATION: DAR TRANSPOT	SERVICES INC	
	ER: P20000020175		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	DANIEL R RODRIGUEZ		
•		Name of Contact Person	51
		Firm/ Company	
_	7606 S 35TH AVE		
	TAMPA FL 33619	Address	
-		City/ State and Zip Cod	2
	DANIELRICARDOERNE@	GMAIL.COM	i
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DANIEL R RODRIGU	JEZ.	at (288-8889
Name o	f Contact Person		de & Daytime Telephone Number
linclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation οf

DAR TRANSPORT SERVICES INC				
(Name of Corporati	on as currently	filed with the Florid	a Dept. of State)	
P0000020175			•	
(Docur	ment Number of C	Corporation (if known	1)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>FI</i>	orida Profit Corpora	tion adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
				an a
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A p	mpany," or "incorpor professional corpora	rated" or the abbrition name must	The new eviation "Corp.," contain the word
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>		·		
				
				2029
C. Enter new mailing address, if applicable:				, ,
(Mailing address MAY BE A POST OFFICE BO	<u>PX</u>)			
				
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office addres office address:	s in F <u>lorida, enter t</u> l	he name of the	2
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			Elouido.	
res as granted Office Harress.	(C.	ity)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:			
hereby accept the appointment as registered agent.	1 am familiar witi	h and accept the oblig	gations of the pos.	ition.
Siena	uure of New Regi	stered Agent, if chan	eino	
	= 1,7 1.10 2.10 2.10 2.1	ou regent, y chang		

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
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>	Address
1) Change	P	LEANNYS RAYA DUENA	7606 S 35TH AVE
X Add			TAMPA FL 33619
Remove			
2) Change	P	DANIEL R RODRIGUEZ	7606 S 35TH AVE
Add			TAMPA FL 33616
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	

. .

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.	5/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast.	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
10/26/2020 Dated		
Signature	RQ	
(By a dii selected	ector, president or other officer – if directors or officers haby an incorporator – if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	or other court
I	DANIEL R RODRIGUEZ	
-	(Typed or printed name of person signing)	
1	RESIDENT	
-	(Title of person signing)	