P20 000024235

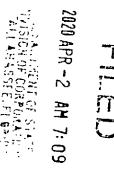
(Requestor's Name)
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APR 15 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION:	RT SERVICES INC	
	IBER: P20000024235		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	EUGENIO A DOMINGUEZ	<u>,</u>	
		Name of Contact Person	n
	3AD TRANSPORT SERVI	CES INC	
		Firm/ Company	
	13025 SANCTUARY COV	E DR # 204	
		Address	
	TAMPA, FI 3 3637		
	1.1	City/ State and Zip Cod	c
	3ADTRANSPORTSERVIC	ESINC@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
EUGENIO DOMINGUEZ		813	7788187
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Mailing Address Amendment Section			Address Iment Section
	vision of Corporations	Division of Corporations	
P.(). Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

3AD TRANSPORT SERVICES INC.			
(Name e	of Corporation as curren	tly filed with the Florida Dept. of S	itate)
P20000024235			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name	e abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N//A	
		N/A	
D. If amending the registered agent an	nd/or registered office ad-	dress in Florida, enter the name of	the
new registered agent and/or the new			<u></u>
Name of New Registered Agent	N/A		
	N/A		
	(Florida s	treet address)	
New Registered Office Address:	N/A	. Flor	rida
Hen hegistered Office musicss.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			he position.
·	Signature of New	Registered Agent, if changing	2020 AP
Check if applicable The amendment(s) is/are being filed to	urcuant to e 607 0120 (11) (a) E S	

70 100

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Tiţle</u>	<u>Name</u>	<u>Address</u>
1) Change	Р	EUGENIO A DOMINGUEZ	13025 SANCTUARY COVE DR
X Add			TAMPA, FL 33637
Remove			813-7788187
2) Change	0	EUGENIO A DOMINGUEZ	13025 SANCTUARY COVE DR
X Add			TAMPA, FL 33637
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
/A	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(1) not applicable, malcale (VA)	
<u> </u>	

,

The date of each amendment(s	3727720 adoption: , if other than the
date this document was signed.	, a option.
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by EUGENIO DOMIN	IGUEZ
	(voting group)
3/27/20 Dated	
Signature	Onn Dogwar
(By ;	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator ~ if in (he hands of a receiver, trustee, or other court binted fiduciary)
- upp	EUGENIO DOMINGUEZ
	(Typed or printed name of person signing)
	REGISTERED AGENT
	(Title of person signing)

. . . .