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(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phone	e #)
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DEC 11 2070 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: INCA TRUCKING	G CORP				
DOCUMENT NUM			7.27.27.2			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ALJADYS CARBAJAL					
		Name of Contact Person	· 			
	INCA TRUCKING CORP					
	Firm/ Company					
	9442 NW 120 ST 429					
		Address				
	HIALEAH FL 33018					
-		City/ State and Zip Code	•			
	acarbajal@incatruck.com					
•	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
ALJADYS CARBAJ	AL ABREU	at (769-0674			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:			
\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

INCA TRUCKING CORP

(Name of Corporation a	as currently file	<u>d with the Florida</u>	Dept. of State)	
P20000024750				_
(Document	Number of Cor	poration (if known)		•
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	atutes, this <i>Flori</i> d	da Profit Corporatio	on adopts the follo	owing amendment
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia	r "Co". A proj	any," or "incorpora fessional corporation	ted" or the abbrev on name must co	viation "Corp ,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)			
•				E.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			
				-
				<u></u>
. If amending the registered agent and/or registered	office address i	n Florida, enter the	name of the	
new registered agent and/or the new registered offi	ce address:			
Name of New Registered Agent				
	(Florida street ad	dress)		 -
New Registered Office Address:			. Florida	
	(City)			Zip Coder
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		nd accept the obliga	utions of the positi	on.
Signatur	e of New Registe	red Agent, if changi	ing	
Theck 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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. Ther 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 Chai 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) Change	VP	BORROTO G. LAZARO GERARD O	4050 NW 5TH ST				
Add			MIAMI, FL 33126				
X Remove							
2) Change	VP	LIMA HER, ROBERTO YORDAN O	6296 NW 186TH ST#107				
Add			HIALEAH, FL 33015				
X Remove 3) Change							
Add							
Remove							
4) Change			-				
Add			-				
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

-	(Be specific)
	<u> </u>
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<u> </u>	
an amendment provides for an exch	1900e, reclassification, or cancellation of iccurd charge
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	11/6/2	2020						
The date of each amendment(s) a date this document was signed.	doption:						, if other t	nan
11/6 Effective date <u>if applicable</u> :	/2020							
	<u>(r</u>	no more th	ian 90 days	after amena	lment file da	te)		
Note: If the date inserted in this bedocument's effective date on the De	lock does not repartment of Sta	meet the a ate's recor	applicable si rds.	tatutory filir	ng requirem	ents, this da	te will not be listed	l as
Adoption of Amendment(s)	(CHEC	CK ONE)						
The amendment(s) was/were add action was not required.	ipted by the inc	orporators	s, or board c	of directors v	without shar	eholder actio	on and shareholder	
☐ The amendment(s) was/were add by the shareholders was/were su			. The numb	er of votes (cast for the a	nmendment(:	;)	
☐ The amendment(s) was/were app must be separately provided for							'nt	
"The number of votes cast	for the amendn	nent(s) wa	as/were suff	icient for ap	proval			
by•					··			
	(voting	group)						
11/6/2020								
Dated	 		·					
Signature	All.							
(By a d selecte	irector, presider d. by an incorpo ted fiduciary by	orator – if	in the hand:				t	
	ALJADYS CA	RBAJAL	. ABREU					
	(Ty	ped or pri	nted name o	of person sig	gning)			
	PRESIDENT	×	1/1					
	(Tit	le of perso						