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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.

Account Number : I20110000033 Phone : (786)360-2879 Fax Number : (786)362-5270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MFOCALOWVIERSEVUICES. (OV)

COR AMND/RESTATE/CORRECT OR O/D RESIGN CRC TRUCK CORP

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CRC TRUCK CORP DOCUMENT NUMBER: P20000051105 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CRISTOBAL ROJAS Name of Contact Person CRC TRUCK CORP Firm/ Company 998 E 43RD ST Address HIALEAH FL 33013 City/ State and Zip Code INFO@ALCARRIERSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A & L CARRIER SERVICES INC Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32314

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation (2017) = 7 111 8:1-7 of

CRC TRUCK CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000051105	
(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:	6937 W 29TH AVE UNIT 204
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6937 W 29TH AVE UNIT 204
	HIALEAH FL 33018
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	mand
6937 W 29TH AVE UNI	
HIALEAH	treet address) 33018
New Registered Office Address:	(City) , Florida 33018 (City Code)
	(Cary)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I um familiar	it: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change		<u> </u>	6937 W 29TH AVE UNIT 204
Add			HIALEAH FL 33018
Remove			
2) Change	<u></u>		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
δ) Change			
Add			
Remove			

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u amendme <u>nt</u>	rovides for an exchan	ge, reclassification,	or cancellation of	issued shares,	
ovisions for im	lementing the amend	<u>nent if not contain</u>	ed in the amendme	ent itself:	
(if not applica	ble, indicate N/A)				
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	OCTOBER 07 2020	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable;	OCTOBER 07 2020	
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirement the Department of State's records.	ats, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the ancre sufficient for approval.	nendment(s)
	e approved by the shareholders through voting groups. The follows d for each voting group entitled to vote separately on the amendme	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	10	
	(voting group)	
10-07-	2020	
Dated		
Signature	Staffer	
sel	y a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	CRISTOBAL ROJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	