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SECRETARY OF STATE
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12/1/20 Com

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Papas Trucking Services Inc
DOCUMENT NUMBER: <u>P 2000054858</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ibel Maldonado
Papa 5 Trucking Services Inc. Firm Company
1003. Morvan In
Kissimmee F1 34759
City/ State and Zip Code Charles Company Comp
For further information concerning this matter, please call:
Tbel Maldonado 11,407,350.9027
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

2020 NOV 20 PM 4: 56

PAPA'S TRUCKING SERVICES INC

(Name of Corporation as currently filed with the Florida Department RY OF STATE TALLAHASSIC, FL

P20000054858		MALLAHASSET, FL
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name of the o	corporation:	
		_The _new
name must be distinguishable and contain the word "o". Inc., " or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	c," or "Co". A professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	le: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the		
C. Enter new mailing address, if applicable:	av.	
(Mailing address MAY BE A POST OFFICE B)	<u></u>	
D. If amending the registered agent and/or regist	ered office address in Florida, enter the n	ame of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	
No Parietaval Office Address		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligation	ons of the position.
Thereby accept the appointment as registered age		•
	N. B. i.e. I Come it along its	,
Sig	gnature of New Registered Agent, if changing	<u>s</u>
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	PT	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>	Address
1) Change	P	Ephraim Maldonado	1003 morvan Ln
Add			Kissimmee
Remove 2) Change	P	I bet Maldunado	_FL 34759 _1003 Morvan Ln
Add			Kissimmer FL
Remove Change	VP	Noel Maldonado	34759 1003 MORVAN LIN
<u></u> ★ Add			KISSIMMER FL
Remove			34 759
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	ng additional Articles, enter change(s) here: vets, if necessary), — (Be specific)	
		-
		
an amendment n	ovides for an exchange, reclassification, or cancellation of issued shares,	
provisions for imp	ementing the amendment if not contained in the amendment itself:	
(if not applicab	le, indicate N/A)	
	,	
		
	NA	
		-

_____, it other than the The date of each amendment(s) adoption: _ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)