

Jul 09 2021 11:47:01 AM Three_K

7/8/2021

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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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((H21000263808 3)))



H210002638083#BC/

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address:

Bardales6.com@icloud.com

21 JUL -9 PM 2:30

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COR AMND/RESTATE/CORRECT OR O/D RESIGN LOBARCO TRUCKING CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$35.00 |

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Received Fax: Jul 09 2021 10:28am Received by: Three_K
850-617-6381 7/9/2021 10:27:02 AM PAGE 1/001 Fax Server page.1



July 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOBARCO TRUCKING CORP
10497 NW 3RD ST
PEMBROKE PINES, FL 33026

SUBJECT: LOBARCO TRUCKING CORP
REF: P20000055203

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: E21000263808
Letter Number: 421A00015673

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2021 JUL -9 PM 4:48

H 210002638083

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOBARCO TRUCKING CORP

DOCUMENT NUMBER: P20000055203

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL L. BARDALES

Name of Contact Person

LOBARCO CORP

Firm/ Company

5021 STATE RD 7 UNIT 210

Address

DAVIE, FL 33314

City/ State and Zip Code

BARDALES6.COM@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

MANUEL L BARDALES

at (954)

296-5289

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

☐ \$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, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H210002638083

Articles of Amendment
to
Articles of Incorporation
of

LOBARCO TRUCKING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000055203

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LOBARCO CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5021 STATE RD 7 UNIT 210

DAVIE, FL 33314

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5021 STATE RD 7 UNIT 210

DAVIE, FL 33314

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MANUEL L BARDALES

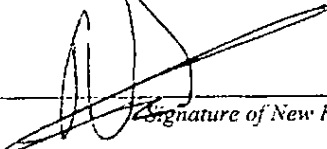
5021 STATE RD 7 UNIT 210

(Florida street address)

New Registered Office Address: DAVIE, Florida 33314
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing Same

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H/2/000-2638083

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------|--------------------|--------------------------|
| 1) <input checked="" type="checkbox"/> Change | P | MANUEL L. BARDALES | 5021 STATE RD 7 UNIT 210 |
| <input type="checkbox"/> Add | | | DAVIE, FL 33314 |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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The date of each amendment(s) adoption: 07/08/2021 H 2/0002638083, if other than the date this document was signed.

Effective date if applicable: 07/08/2021
(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

by _____."
(voting group)

Dated 07/08/2021

Signature [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)

Manuel L. Bardales

(Typed or printed name of person signing)

president

(Title of person signing)