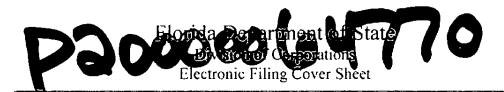
From: Trucking Permits And More LLC



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: TRUCKING PERMITS AND MORE LLC Account Name

Account Number : I20140000047 Phone : (813)774-4726

Fax Number : (813)877-2186

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

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN J.I.M CARGO INC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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| Estimated Charge      | \$35.00 |

## C. BRUMBLEY

| 9                                    |   | COVER LETTE   | B   |
|--------------------------------------|---|---|---|
| TO: Amendment Sec<br>Division of Coη |   |   |   |
| NAME OF CORPO                        | RATION: J.I.M CARGO INC   | 4<br>   |   |
| DOCUMENT NUM                         | P20000064770  |   |   |
| The enclosed Articles                | s of Amendment and fee are su   | bmitted for filing.   |   |
| Please return all corre              | espondence concerning this ma   | tter to the following:  |   |
|                                      | ISNEL MILIAN GUTIERRE   | EZ.   |   |
|                                      |   | Name of Contact Per   | rson  |
|                                      | J.I.M CARGO INC   |   |   |
|                                      |   | Firm/ Company   |   |
|                                      | 1809 W CRAWFORD ST  |   |   |
|                                      |   | Address   |   |
|                                      | TAMPA, FL 33604   |   |   |
|                                      |   | City/ State and Zip C   | ode   |
|                                      | msuikent@gmail.com  |   |   |
|                                      | E-mail address: (to be us   | sed for future annual rep   | ort notification)   |
|                                      | 5 //±// 2.5/ (15 / 5 / ±/.  |   | ,   |
| For further information              | on concerning this matter, pleas  | se call:  |   |
| ISNEL MILIAN GU                      | FTIERREZ  | at ( <sup>786</sup>   | , 492-0467  |
| Name                                 | of Contact Person   | Area  | Code & Daytime Telephone Number   |
| Enclosed is a check f                | or the following amount made  | payable to the Florida D  | department of State:  |
| ■ \$35 Filing Fee                    | S43.75 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)  |
| An<br>Div<br>P.C                     | niling Address nendment Section distinct of Corporations D. Box 6327 Iahassee, FL 32314 | Amo<br>Divi<br>The<br>241   | et Address<br>endment Section<br>ision of Corporations<br>Centre of Tallahassee<br>5 N. Monroe Street, Suite 810<br>ahassee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

|    |     |    |    | <b>~</b> |     |
|----|-----|----|----|----------|-----|
| 1. | I M | CA | RG | 0 11     | NC. |

• Page: 4 of 7

| J.E.W CANGO INC  |  |   |          |
|--|--|---|----------|
|  | on as currently filed with the Florida Dept  | t. of State)  |          |
| P20000064770   |  |   |          |
| (Docum   | ent Number of Corporation (if known)         |   |          |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | Statutes, this Florida Profit Corporation ad | dopts the following amendme                               | nt(s) to |
| A. If amending name, enter the new name of the co  | rporation:                                   |   |          |
|  | <del></del>                                  | The new   |          |
| name must be distinguishable and contain the word "co.<br>"Inc.," or Co.," or the designation "Corp," "Inc,"<br>"chartered," "professional association," or the abbrev   | or "Co". A professional corporation no       | or the abbreviation "Corp.,"<br>ame must contain the word |          |
| B. <u>Enter new principal office address, if applicable</u> : (Principal office address <u>MUST BEA STREETADD</u> )  |  |   |          |
|  | <del> </del>                                 | 20  |          |
|  | <del></del>                                  | <del></del>   |          |
| C. Enter new mailing address, if applicable:   | w  |   | 1        |
| (Mailing address MAY BE A POST OFFICE BO.  | <i></i>                                      |   |          |
|  |  | 33  | ÍΠ       |
|  |  |   |          |
| D. If amending the registered agent and/or register  | ed Office address in Florida, enter the nun  | ne of the   |          |
| new registered agent and/or the new registered of  |  | ne or title   |          |
| Name of New Registered Agent   |  |   | •        |
|  |  | <del>- 14</del>   |          |
|  | (Florida street address)                     | <del> </del>  |          |
| New Registered Office Address:   |  | , Florida   |          |
| The state of the s | (City)                                       | (Zip Code)  |          |
|  |  |   |          |
| Y . D  |  |   |          |
| New Registered Agent's Signature, if changing Regi-<br>I hereby accept the appointment as registered agent. If   |  | s of the position.  |          |
|  | , , ,  |   |          |
|  |  |   |          |
| Ciana  | ture of New Registered Agent, if changing    | <del></del>   |          |
|  | ame of the a neglatered Agent, if changing   |   |          |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 6   | -07 (1120 (1137e) F.S                        |   |          |
| i mineriality is the being files persuant to 3. o  | ······································       |   |          |

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:

18132001059

(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.

| <u>∧</u> Change               | <u> </u>  | Jonn Doe                |  |
|-------------------------------|-----------|-------------------------|--|
| X Remove                      | V         | Mike Jones              |  |
| X Add                         | <u>sv</u> | Sally Smith             |  |
| Type of Action<br>(Check One) | Title     | <u>Name</u>             | Address                                      |
| l) Change                     | VP        | Enrique Samuel Gonzalez | 1809 W CRAWFORD ST                           |
| Add                           |           |                         | TAMPA, FL 33604                              |
| X Remove                      |           |                         |  |
| 2) Change                     |           |                         |  |
| Add                           |           |                         |  |
| Remove 3) Change              |           | <del></del>             |  |
| Add                           |           |                         |  |
| Remove                        |           |                         |  |
| 4) Change                     |           |                         |  |
| Add                           |           |                         |  |
| Remove                        |           |                         | ·  |
| 5/ Change                     |           |                         |  |
| Add                           |           |                         |  |
| Кетточе                       |           |                         |  |
| 6) Change                     |           | <del></del>             | <u>.                                    </u> |
| Add                           |           |                         |  |
| Remove                        |           |                         |  |

Page: 6 of 7

| E. If amending or adding additional Arti<br>(Attach additional sheets, if necessary). | <u>Cles, enter Change(s) here</u> :<br>(Be specific)  |
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| provisions for implementing the ame   | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)   |   |
|   |   |
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From: Trucking Permits And More LLC

| The date of each amendment   | (s) adoption:   | , if other than the              |
|--|---|----------------------------------|
| date this document was signed.                                     |   |                                  |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment file date)  |                                  |
|  | (no more than 90 days after amendment file date)  |                                  |
| Note: If the date inserted in the document's effective date on the | his block does not meet the applicable statutory filing requirements, this Department of State's records.                                       | s 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 shareholder   | action and shareholder           |
| The amendment(s) was/wer<br>by the shareholders was/we             | e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.  | ent(s)                           |
|  | c approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s): | lement                           |
| "The number of votes   | cast for the amendment(s) was/were sufficient for approval  |                                  |
| by   | (voting group)  |                                  |
|  | (voting group)  |                                  |
| Dated  | 6-28-22   |                                  |
| Signature  |   |                                  |
| (D)  | y a superior, president or other officer — if directors or officers have not be   |                                  |
|  | etters by an incorporator - if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)                               | court                            |
|  | ISNEL MILIAN GUTIERREZ  |                                  |
|  | (Typed or printed name of person signing)   |                                  |
|  | PRESIDENT   |                                  |
|  | (Title of person signing)   | <del> </del>                     |