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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Skid Mark Deliver	y Services Inc	
DOCUMENT NU	იგვიგიიიიილ		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Magdalena Cruz		
	<u></u>	Name of Contact Person	1
	Skid Mark Delivery Services	Inc	
		Firm/ Company	
	6395 SW 136th Ct K105		
		Address	
	Miami, Florida 33183		
		City/ State and Zip Cod	e
	lilm91786@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform Magdalena	ation concerning this matter, pleas	se calt: 786 at (721-9370
Na	me of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 OCT _ I DM I. OO

Skid Mark Delivery Services Inc			2020 001 -1	
(Name	of Corporation as currently	filed with the Florida Dep	t. efiState) TADV	
P20000069880			TALLAHA	SSEE, FL
	(Document Number of	Corporation (if known)		- ,
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this I	Florida Profit Corporation ac	dopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co". A			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appl				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
D. If amending the registered agent ar	nd/or registered office addr.	ess in Florida, enter the par	ne of the	
new registered agent and/or the ne		and the state of t	iii or iii.	
Name of New Registered Agent	Magdalena Cruz			
	6395 SW 136th Ct K105		·	
	(Florida stre	et address)		
New Registered Office Address:	Miami		, Florida_33183	
		City)	Zip C	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent Lam familiar w	ith and accept the obligation	e at the position	
and the second s	erea agem. Tam jamanar a	m una accept the oonganon.	s of the position.	
W	1 /			
÷ //	Tagdaleva Signature of New Re	Cho-		
	✓ Signature of New Re	gistered Agod, if changing		

Check if applicable

 \Box 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:	DT.	Labor Dan	
X Change	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) X Change	VP	Neil C Tugg	6395 SW 136th Ct K105
Add			Miami, Florida 33183
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary)	(Re specific)	
(reactional sheets, if herestary)	(ne specifie)	
		_
	·	
		,
If an amendment provides for an exc	change, reclassification, or cancell	ation of issued shares.
provisions for implementing the an	endment if not contained in the ar	mendment itself:
(if not applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·
		
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>

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	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	····	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the a fficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated 09 2	3/2020	
Signature (By a d selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, o	e not been
	ed fiduciary by that fiduciary)	
	Magaziena Cruz (Oped or printed name of person signing)	
	Dresident	
	(Title of person signing)	