P20000076909

(Rec	questor's Name)	
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MAR 19 2021 S. YOUNG



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

	ATION: 4EVER TRAIL	P20000076909	-
DOCUMENT NUMBI	ER:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Sonia Becerr	a
_		Name of Contact Person	n
_		Swyft Filings	
_		Firm/ Company	-
_	3 (Greenway Plaza #1	320 <u> </u>
		Address	
_		Houston, Texas 7	
		City/ State and Zip Cod	e
	fil	lings@swyftfilings.c	com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Sonia B	ecerra	at (877	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

4EVER TRAILERS INC

(Name of Corporation as current	ly filed with the Florida	Dept. of State)	
P20000	0076909		
(Document Number of	of Corporation (if known)		
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporati	on adopts the foll	owing amendment(s
If amending name, enter the new name of the corporation:			
			The new
me must be distinguishable and contain the word "corporation "orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' rd "chartered," "professional association," or the abbreviation	"Co". A professional co	corporated" or t rporation name i	he abbreviation nust contain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS			
rincipal office dadress <u>blost BEA STREET ADDRESS</u>			
			(~)
			121
Enter new mailing address, if applicable:			<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u></u>	μ · ·
			
			70 2:
If amending the registered agent and/or registered office add	race in Florida, anter the	name of the	<u>- φ</u> ω
new registered agent and/or the new registered office address		maine or the	CI
Name of New Registered Agent		-	
(Elorido st	reet address)		-· -
ti antar se	recenture in		
		, Florida	<u>-</u>
New Registered Office Address:	(City)		(Zip Code)

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	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u>	Address
1) Change	DIR		Johan Potgieter	 17 NORTH VILLAGE DRIVE
Add				PALM COAST, FL 32137
_X_Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_			
Add				
Remove				

	sheets, if necessary).	(Be specific)				
 -				·		
				<u>-</u>		
		-				
<u>-</u>						
		_				
						_
_			· - <u></u>			
an amendment	provides for an exc	hange, reclassifica	ation, or cancella	ation of issued s	ha <u>res.</u>	
rovisions f <u>or im</u>	plementing the ame	endment if not cor	ntained in the an	<u>nendment itself:</u>	-	
(if not applice	able, indicate N/A)					
					-	
						
					····	<u> </u>
						·
						
						-

The date of each amendment(s) adoption: _	09/24/2020	, if other than the
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 document's effective date on the Department of	not meet the applicable statutory filing requirements, this da of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s r approval.	5)
	the shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):	ent
	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 09 1 Z 4	7070	
(By director, pre selected, by an inc	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other cour ry by that fiduciary)	1
TOHA	AN POTGIETER	
<u> </u>	(Typed or printed name of person signing)	
	President OIRECTOR	
	(Title of person signing)	