Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000039985 3)))



H210000399853ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Divided as a Com-		
Division of Cor		
Fax Number	: (850)617-6380	
		· ~
Account Name	: AB ALL SERVICES INC	7071
Account Number	: 120200000155	
Phone	: (305)882-1238	EB FEB
	, ,	
iter the email a	ddress for this business entity to be used f	or future $oldsymbol{ abla}$
annual report	mailings. Enter only one email address pleas	se.**
e 15 each		, vi
- Email Address:	<u></u>	
	Fax Number Account Name Account Number Phone Fax Number Iter the email a annual report	Fax Number : (850)617-6380 Account Name : AB ALL SERVICES INC Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260 Iter the email address for this business entity to be used fannual report mailings. Enter only one email address please Email Address:

21 FEB -4 AM 10: 2

COR AMND/RESTATE/CORRECT OR O/D RESIGN D & C PARTNERS TRUCKING CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FEB 0 5 2021

D COMNELL

- Avend

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: D & C PARTNERS TRUCKING CORP P21000005400 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ELIZABETH FLEITAS** Name of Contact Person AB ALL SERVICES INC

Firm/ Company 1100 WEST 29ST STE C Address HIALEAH FL 33012 City/ State and Zip Code AB1100@YAHOO.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (305 S82-1238 Area Code & Daytime Telephone Number **ELIZABETH FLEITAS** Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$43.75 Filing Fce & Certificate of Status Certified Copy

☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

Articles of Amendment to Articles of Incorporation of

D & C PARTNERS TRUCKING CORP	•		
(Name	of Corporation as curren	tly filed with the Florida Do	ept. of State)
P21000005400			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s)
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 professional corporation	
B. Enter new principal office address, if applicable:		18501 SW 204 ST	
(Principal office address MUST BE A S		MIAMI FL 33187	
			an
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		18501 SW 204 ST	202
		MIAMI FL 33187	B
			20.2
D. If amending the registered agent an new registered agent and/or the ne			name of the
new registered agent and/or the ne	CESAR AGUSTIN DON		% ∹ ဟ္
Name of New Registered Agent	18501 SW 204 STREET		<u> </u>
		treet oddress)	, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	MIAMI	Table Street Care	, Florida 33187
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			ons of the position.
	Cesan Dord	ON SRegistered Agent, if changing	
	Signature of New	Registered Agent, if changing	3
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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: XChange	<u>PT</u>	<u> John Doc</u>	
X Remove	<u>V</u>	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	ANDY L CHARLES GONZALEZ	19611 NW 47TH PE.
Add			MIAMI GARDENS FL 33055
X Remove		cesar agustin donderiz 🚧	· • • • • • • • • • • • • • • • • • • •
2) X Change	P 	- CESAR AGUSTIN DONDERIZ (E)	18501 SW 204 STREET
Add			MIAMI FL 33187
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
an amendment provides for an eyeb:	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

1/29/2021	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	?ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
1/29/2021	
Signature Www.	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
ANDY L CHARLES GÓNZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	**************************************