P21000024895

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J DENNIS
JUN 29 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

Programme Commence

NAME OF CORPO	PRATION: BESTWAY HAU	LERS CORP	
	IBER: P21000024895		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	CHRISTIAN MARIOT		
		Name of Contact Person	1
	BESTWAY HAULERS COI	RP	
		Firm/ Company	
	10223 SW 117TH CT	Thus Company	
		Address	
	MIAMI, FL 33186		
		City/ State and Zip Cod	e
	BESTWAYHAULERS@GN	AAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
CHRISTIAN MARI	от	786	232-5352
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	nilling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

RESTWAY HALLERS CORP.

BESTWAT HAULERS CORP.			
(Name of Corporation a	s currently filed with the Fl	orida Dept. of State)	
P21000024895			
(Document	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Cor	poration adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corpo	ration:		
		The	mac
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp." "Inc." or "chartered." "professional association," or the abbreviati	"Co" A professional cor	rporated" or the abbreviation "Cor	ρ., "
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE:	<u>SS</u>)		
			_
			_
C. Estanous mailing address if analisable.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
			_
			_
D. If amending the registered agent and/or registered of	office address in Florida, en	ter the name of the	
new registered agent and/or the new registered offic		ter the name with	
None of Nov. Besiden of to our			
Name of New Registered Agent			
'	(Florida street address)		
New Registered Office Address:		Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		obligations of the position	
r hereis, accept the appointment as registered agent. I am	junula viin and accept the	Congulations by the position.	
			N ***
			= :
Signature	of New Registered Agent, if	changing	21 KAT 17
Check if applicable			7
 The amendment(s) is/are being filed pursuant to s. 607.0 	0120 (11) (e), F.S.		2.78

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)

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D	_	NELSON LOPEZ	10835 SW 145 COURT
X Add				MIAMI, FL 33186
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<u> </u>	
Add				**************************************
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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		-		
f an amendment provides for an exc	nange, reclassification	n, or cancellation of	issued shares,	
provisions for implementing the amount (if not applicable, indicate N/A)	<u>ndment if not contai</u>	ned in the amendm	ent itself:	
(ij noi applicame, maicale s/A)				
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The date of each amendment(s) adoption: ______, 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 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 (voting group) 05/06/2021 Dated 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) CHRISTIAN MARIOT (Typed or printed name of person signing) PRESIDENT

(Title of person signing)