P21000034868

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(230,11000 21,110,110,110,110,110,110,110,110,110,1				
(Document Number)				
Certified Copies Certificates of Status				
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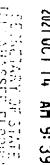
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amend

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FILED 2021 OCT 14 AM 9: 39

OCT 2 5 2021 A RAMSEV

COVER LETTER

TO: Amendment Section Division of Corporations

RS INC					
e submitted for filing.					
s matter to the following:					
EDWARD K LOEFFLER III					
Name of Contact Person					
Firm/ Company					
TLOT 38					
Address GAINESVILLE FLORDIA 32653					
City/ State and Zip Cod	c				
AIL.COM					
be used for future annual report	notification)				
please call:					
at (352	de & Daytime Telephone Number				
Area Co	de & Daytime Telephone Number				
ade payable to the Florida Depa	artment of State:				
& S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ameno	Address Iment Section on of Corporations				
The C	entre of Tallahassee N. Monroe Street, Suite 810				
	Firm/ Company Firm/ Company FLOT 38 Address OIA 32653 City/ State and Zip Cod AIL.COM De used for future annual report please call: at (352 Area Co ade payable to the Florida Depress & Certified Copy (Additional copy is enclosed) Street Amence Division The C				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οľ

FILED

	2021 OCT 14 AM	9: 30
AAA CARRIERS INC	and the Classic Date of State 1577 and	J. 33
(Name of Corporation	as currently filed with the Florida Dept. of State) AFTARY OF S	TATE
F21000034606	nt Number of Corporation (if known)	
		. (-> .
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendm	eni(s) to
A. If amending name, enter the new name of the cor	poration:	
	The new	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrew	poration," "company," or "incorporated" or the abbreviation "Corp., or "Co". A professional corporation name must contain the wor iation "P.A."	 rd
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	j	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	-
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.	
	•	
Signa	ture of New Registered Agent, if changing	

Check if applicable

 \square 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)

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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>]</u>	<u>Name</u>	Address	
1) Change	V		EDWARD K LOEFFFLER JR	410 NE 5TH STREET WILLISTO	
X Add				WILLISTON FL 32696	
Remove 2) Change	CEO		BRIAN I. LOEFFLER	8401 NW 13TH STREET LOT 38	
X Add		-		GAINESVILLE FL 32653	
Remove 3) Change		 .			
Add					
Remove 4) Change					
Add Remove					
5) Change		<u> </u>			
Add Remove					
6) Change					
Add					
Remove					

	(Be specific)
	•
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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Th. 1	10-11-21	, if other than the
The date of each amendment(s) adop date this document was signed.	1001:	, it outer than the
10-11-2	l	
Effective date <u>if applicable</u> :	4 00 1 4	
	(no more than 90 days after an	menament _, tile date)
Note: If the date inserted in this block document's effective date on the Depart		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of direct	ors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of veicent for approval.	otes cast for the amendment(s)
	ed by the shareholders through voting gr h voting group entitled to vote separatel	
"The number of votes cast for	the amendment(s) was/were sufficient for	or approval
EDWARD K LOEFFLER	TTI .	."
· · · · · · · · · · · · · · · · · · ·	(voting group)	
(By a direct selected, b	tor, president or other officer – if directo y an incorporator – if in the hands of a re- fiduciary by that fiduciary)	
HI:	WARD K LOEFFLER III	
	(Typed or printed name of perso	n signing)
PR	ESIDENT	
	(Title of person signing)	