P21000036436

(Requestor's Name)			
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(City/State/Zip/Phone #)	-		
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(,			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Arrillaga Trucking	Inc	
DOCUMENT NUM	BER: P21000036436		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jose Pavon		
		Name of Contact Person	1
	Cloud Accounting Professionals Inc		
	Firm/ Company		
	10250 SW 56th St STE B-20	3	
		Address	 -
	Miami, FL 33165		
		City/ State and Zip Code	2
	info@cloudaccpro.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Jose Pavon		at (899-2349
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 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)
An Div P.C	illing Address nendment Section rision of Corporations 0, Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	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 2027 JUN-2 AM 10: 03

Arrillaga Trucking Inc (Name of Corporation as currently filed with the Florida Dept. of S P21000036436 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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: X Change	<u>PT</u>	John Doe		
•				
X Remove	<u>V</u>	Mike Jones		
X Add	$\underline{\mathbf{SV}}$	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Manue Rodriguez Arrillaga	2745 West Okeechobee Road Apt 40	
Add			Hialeah, FL 33010	
X Remove				
2) Change	P	Manuel Rodriguez Arrillaga	2745 West Okeechobee Road Apt 40	
X Add			Hialeah, FL 33010	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional A Attach additional sheets, if necessary	v). (Be specific)
	•
_	
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nmendment if not contained in the amendment itself:)

	05/20/2021	
		, it other than the
date this document was signe	d.	
	05/20/2021	
Effective date <u>if applicable</u> :	(·····································	days after amendment file date)
	. (no more inau 90	aays after amenament file date)
	this block does not meet the applicathe Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or be	oard of directors without shareholder action and shareholder
	ere adopted by the shareholders. The were sufficient for approval.	number of votes east for the amendment(s)
	ere approved by the shareholders through the for each voting group entitled to w	ugh voting groups. The following statement ote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were	sufficient for approval
by		
	(voting group)	
05/2	4/2021	
Dated	4/2021	
Signature _	M.R.U.	
(By a director, president or other office	er – if directors or officers have not been hands of a receiver, trustee, or other court
	Manuel Rodriguez Arrillaga	
	(Typed or printed n	ame of person signing)
	President	
	(Title of person sign	ning)