P21000051103

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DELATOR	eres a sons	TRUCK	ING INC	
DOCUMENT NUMBER:	P210000	251103			
The enclosed Articles of Amendo	nent and fee are sub	bmitted for filing.			
Please return all correspondence	concerning this mat	tter to the following:			
	DELATOR	RES , ARNE	Elio		
δ	ELATORRE:	Name of Contact F		ING INC	
	1901 Te	Firm/ Compan ENA AVE	· .		
	LEHIGH K	Address FL City/ State and Zip	33	971	
	***	City/ State and Zip) Code	-	_
	adela torre	1965 @ yah	100. CC	m	
E-ma	il address: (to be us	sed for future annual r	report notific	cation)	
For further information concerns				0	
DELATORRES, 1	ARNEL10	a1 (39)_	821 - 8044	
Name of Contact	Person	Are	ea Code & I	Daytime Telephone Nun	nber
Enclosed is a check for the follo-	wing amount made	payable to the Florida	a Departmer	it of State:	
	3.75 Filing Fee & rtificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy s enclosed)	
Mailing Addr Amendment S	ection	Ā	Street Addro		
Division of Co P.O. Box 6327	•	Ţ	The Centre	of Tallahassee	
Tallahassee, F	L 32314		2415 N. Mc Callahassee.	nroe Street, Suite 810 FL 32303)

Articles of Amendment Articles of Incorporation

21/62-0 21/16

SONS TRUCKING INC DELATORRES &

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000051103

(Document Number of Corporation (if known)

nt(s) to

hartered, " "professional association," or Enter new principal office address, if a	· the abbrevia	" "(o" A pr	ony," or "incor ofessional corp	porated" or i	he abbre	The viation "Co ontain the v
rincipal office address MUST BE A STR	applicable:	tion "P.A."		ose Bu		
			Naples	, FL	34,	114
Enter new mailing address, if applical (Mailing address MAY BE A POST OF		_	Naples 39 K	ose Bo	ush a	4
		_	Naples.	A	34	1114
If amending the registered agent and/o new registered agent and/or the new re	or registered offic	office address i	Naples in Florida, ente			1114
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent	egistered offic	office address i ce address:	in Florida, ente	r the name o		///4
new registered agent and/or the new re	egistered offic	office address ice address: ROSC (Florida street ad	/	r the name o	f the	34114 (Xip Cody)

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	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change			 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change			 	
Add				
Remove				,
4) Change			 	
Add				
Remove				
5) Change			 	
Add		_		
Remove				
6) Change				
Add				
Pemove				

	ling or adding dditional sheets	; if necessary).	(Be specifi	ic)				
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						_		
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				-				
f an am	<u>iendment provi</u>	<u>ides for an exc</u>	hange, recla	ssification, or	cancellation	of issued shar	es,	
<u>provisi</u> c	ons for implem	enting the am	<u>endment if n</u>	<u>iot contained</u>	in the amend	ment itself:		
(ii)	not applicable, i	inaicale N/A)						
					_			
						····		

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The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	
(no more than 9t) days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statudocument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of d action was not required.	irectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were sufficie	nt for approval
by	"
(voting group)	
Dated	
Signature 2	
(By a director, president or other officer – if dir selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Arnelio De le 1 (Typed or printed name of po	orras Rives
Presiden-	
(Title of person signing)	