P21000051284

| (Requestor's Name) |
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SECRETARY OF STATE AND AHASSEE, FLORID

2023 HAY 11 AM 10: 18

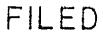
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: MANDY JR TRUC | CKING INC | | | |
|--|---|--|---|--|--|
| DOCUMENT NUMB | ER: P21000051284 | | · · · · · · · · · · · · · · · · · · · | | |
| | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| | ARMANDO T PEREZ | | | | |
| • | Name of Contact Person | | | | |
| - | Firm/ Company | | | | |
| | 2330 35TH AVE NE | | | | |
| • | Address | | | | |
| _ | NAPLES, FL 34120 | | | | |
| | | City/ State and Zip Code | • | | |
| | mandy681407@yahoo.com | | | | |
| • | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| ARMANDO T PEREZ | 2 | at (239 | 516 - 1388 | | |
| Name o | f Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for | 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio The Co | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



| | 2023 MAY 1 I AM 10: 18 |
|---|---|
| (Name of Corporation as co | urrently filed with the Florida Dept. of State) |
| P21000051284 | SECRETARY OF STATE |
| (Document Nu | imber of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporat | ion: |
| AP & Y TRUCKING INC | The new |
| | ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "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 offinew registered agent and/or the new registered office a | |
| | iddi Cas. |
| - | |
| Name of New Registered Agent | |
| Name of New Registered Agent | veida ereaat addracei |
| Name of New Registered Agent | orida street address) |

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)

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> | <u>John Do</u> | <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 | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | * | _ | | |
| Add | | | | |
| Remove | | | | |
| 5)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| E. I | f amending or adding additional Articles, enter change(s) here: |
|------|--|
| (7 | Attach additional sheets, if necessary). (Be specific) |
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| F. 1 | f an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| _ | provisions for implementing the amendment if not contained in the amendment itself: |
| | (if not applicable, indicate N/A) |
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| | s) adoption: | , if other than the |
|---|---|--|
| date this document was signed. Effective date if applicable: | 05/02/2023 | |
| Effective date <u>n applicable</u> . | (no more than 90 days after amendment file date) | |
| | is block does not meet the applicable statutory filing requirement e Department of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/wer action was not required. | adopted by the incorporators, or board of directors without shareho | older action and shareholder |
| ☐ The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amere sufficient for approval. | endment(s) |
| "The number of votes | approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | SSERVE |
| 05/0 Dated | 1/2023 1 July / | AND: 18 EF. FLORIDA |
| (B) | a director, president or other officer – if directors or officers have ected, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary) | |
| | ARMANDO T PEREZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

. . .