P22000005765

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COVER LETTER

TO: Amendment Section : Division of Corporations	,
NAME OF CORPORATION:	JCKING EXPRESS INC.
DOCUMENT NUMBER: P22000005765	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Chevarria Izquierdo Name of Contact Person DO Trucking Express INC. Firm/ Company
	h Street APT 8 Address
	City/ State and Zip Code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Pedvo Echevarria Izquie	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

IZQUIERDO TROCKING EXPRESS INC.	2022 HAR 14 PM 2: 56
· · · · · · · · · · · · · · · · · · ·	on as currently filed with the Florida Dept. of State)
P22000005765	SECRETARY OF STATE
(Docum	ient Number of Corporation (if known) TALLAHASSEE, PU
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u></u>
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	onice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Negatives Office Flathess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
t hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signa	ture 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)

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 <math>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 Doe</u>		
X Remove	<u>V</u>	Mike Jone	<u>:s</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	7	<u>Same</u>	<u>Addres</u> s
1) X Change	P	[PEDRO ECHEVARRIA IZQUIERDO 🕟	45 E 11TH STREET APT 8
Add				HIALEAH FL, 33010
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_ _		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_ _		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
·	· ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	 .	<u></u>

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment fit	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, 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 directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
03/08/2022 Dated	
Signature Veeln Thering	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
PEDRO ECHEVARRIA IZQUIERDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	