## P22000092142

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## COVER LETTER

TO: Amendment Section's <sup>\*</sup> Division of Corporations

NAME OF CORPO	RATION: 305TRUCKGURU	INC.						
NAME OF CORPORATION: 305TRUCKGURU INC.  DOCUMENT NUMBER: P22000092142  The enclosed Articles of Amendment and fee are submitted for filing.								
	Oliverio Cruz							
	•	Name of Contact Person	)					
	305TRUCKGURU INC.							
	Firm/ Company							
	8793 NW 142ND LN							
	Address							
	MIAMI LAKES, FL 33018							
	City/ State and Zip Code							
	ocruz@305truckguru.com							
	E-mail address: (to be used for future annual report notification)							
For further information	on concerning this matter, pleas	se call:						
Oliverio Cruz		786 at (	271-1322					
Name of Contact Person Area Code & Daytime Telephone Number								
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	TALLAH,				
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	am, zene				

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

is enclosed)

## Articles of Amendment to Articles of Incorporation of

305TRUCKGURU INC.	
( <u>Name of Corporatio</u>	on as currently filed with the Florida Dept. of State)
P22000092142	
(Docum	ent Number of Corporation (if known)
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
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc." "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) (Zip Code):
	(City) (Zip Code); >>
	于 <u>第一十一;</u>
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.  FINE  50  FINE  50
Signal	tture 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	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	OWNR	Oliverio Cruz	8800 NW 7TH AVE LOT #2
Add			MIAMI, FL 3315
Remove			·
2) Change	Pres	Oliverio Cruz	8800 NW 7TH AVE LOT #2
X Add			MIAMI, FL 33150
Remove 3 ) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			<u></u>
5) Change			<u> </u>
Add			<u> </u>
Remove			<u> </u>
ைChange			<u></u> ਜੁਲੀ
Add			
Remove			



	04/14/2023	
The date of each amendment date this document was signed		, if other than the
_	04/14/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · ·
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendnere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following started for each voting group entitled to vote separately on the amendment(s):	itement
"The number of vote:	s east for the amendment(s) was/were sufficient for approval	
by	·	
,	(voting group)	
04/14. Dated Signature		
St	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other opointed fiduciary by that fiduciary)	
	Oliverio Cruz	
	(Typed or printed name of person signing)	
	Ownr	
	(Title of person signing)	

2023 MAY -1 PM 12: 50 SECRETARY OF STATE TALL AHASSEE, FL