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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: YGM TRUCKIN	G SERVICES INC			
DOCUMENT NUM	HBER: P24000005849				
The enclosed Article	es of Amendment and fee are si	abmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	LUIS RAMIREZ				
	<del>-</del>	Name of Contact Perso	on		
	BEST FINANCIAL SERVICES & ASSOCIATES INC				
		Firm/ Company			
	8800 UNIVERSITY PKWY SUITE C2				
	Address				
	PENSACOLA FL 32514				
	<del></del> -	City/ State and Zip Cod	le		
	LUIS@BESTFINANCIALS	ERVICES.COM			
	E-mail address: (to be us	sed for future annual report	( notification)		
For further informati	on concerning this matter, plea	se call: at (	572-6846		
Name	of Contact Person	Arca Co	de & Daytime Telephone Number		
Enclosed is a check:	for the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

	of		
YGM TRUCKING SERVICES INC			
(Name of Corporate	tion as currently filed with the l	lorida Dept. of State)	
P24000005849		· · · · · · · · · · · · · · · · · · ·	
(Досц	ment Number of Corporation (if	known)	<u></u>
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amend	lment(s) to
A. If amending name, enter the new name of the o	corporation:		
name must be distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbr	." or "Co". A professional co	The recorporated" or the abbreviation "Corporation name must contain the w	n "
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u> )		- - - ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered	office address:	····	: : -
Name of New Registered Agent			
	(Florida street address)		·-
New Registered Office Address:		Florida	
	(City)	(Zip Code)	_
	(City)	(Zip Code)	

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

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 Doe</u>	
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>	<u>Addres</u> s
1) X Change	P	YANDY GONZALEZ MARTIN	1709 BUCKHEAD TRACE
Add			CANTONMENT FL 32533
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<b>If amending or adding</b> Attach <i>additional shee</i> i	is, if necessary).	(Be specific)			
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f an amendment prov	ides for an exch	ange, reclassific	ation, or cancell:	ation of issued sha	tres,
provisions for implem	enting the amer	<u>ndment if not co</u>	ntained in the a	mendment itself:	
(if not applicable,	inaicate N/A)				
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	2/1/2/2024	
The date of each amendment(s) as date this document was signed.	leption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
02/01/2024		
Dated		
Signature	2	7
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
	YANDY GONZALEZ MARTIN	. *
•	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	