## P18 0000 38255

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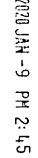
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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jurge Lodriguez

Name of Contact Person Firm/ Company 7801 NW 1937cr
Address
Hauch & 33015
City/ State and Zip Code Dorge Codriguez 25385@gmail. (CM) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joycy Rodrigure JL. at 305 SO8 1284
Name of Contact Porson Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

1009 Dista	nce Transport Inco				
(Name of Corporation as currently	filed with the Florida Dept. of State)				
P180000	· · · · ·				
(Document Number of					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s)				
A. If amending name, enter the new name of the corporation:	; ?: The nA				
	This in Art				
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word				
B. Enter new principal office address, if applicable:	7801 NW 193 Ter				
(Principal office address MUST BE A STREET ADDRESS)	7801 NW 193 Ter Hours & 33015				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7801 NW 193 7cm				
	Haleah FL 33015				
D. If amending the registered agent and/or registered office address:					
Name of New Registered Agent Jof GC	Rodigiez JR.				
1085	RODIGUTZ JR. NW 193 Ter. en address)				
(Florida stree	to 2 2015				
New Registered Office Address: thatah . Florida 330 13					
(1	. π.γ. (2.4) Code)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.				
Signature of New Re	dsfred 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.

<u>X</u> Change	<u>P1</u>	John Doe
X Remove	Y	Mike Jones
X Add	<u>SV</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address
1) Change	P	<u>Evovanni Cumplugo 9980 SW 16871111</u> <u>Micmi Fl. 33157</u>
Add		Micm. Fl 33157
X Remove	n	
2) Change	P	Jorge Rodriguez JR 7801 NW 193 Ter Haleah FL 33015
X Add		thatean PC 33015
Remove Change		
Add		
" Remove		
4) Change		<u> </u>
Add		
Remove		
5) Change		<u> </u>
Add		
Remove		
6) Change		
Add		<u> </u>
Remove		

f amending or adding additional a Attach additional sheets, if necessar	v). (Be specific)	
	<u> </u>	
	·	
		<del></del>
		<del></del>
f an amendment provides for an e	xchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(9 19 9 1 1		
<u> </u>		
<del></del> .		
<u> </u>		-

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The date of each amendment(s) adoption:date this document was signed.	01/01/2020	if other than the
Effective date if applicable:	O 1/U 1/2020 tore than 90 days lifter amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		s date will not be listed as the
Adoption of Amendment(s) (CHECK C	ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes east for the amendmal.	ent(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group of		lement
"The number of votes east for the amendment	(s) was/were sufficient for approval	
by(voting gro.		
(voting gro	nup)	
$\hfill\Box$ The amendment(s) is/are being filed pursuant to s. 6	607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were adopted by the incorporaction was not required.	orators, or board of directors without shareholder	action and shareholder
DatedOIJOI Signature(QuipitS	2020	
Signature (Quyil8	on h	
(By a director, president or	rother officer – if directors or officers have not be or – if in the hands of a receiver, trustee, or other	
	Giovann. Campile	oncio.
(Typed)	or printed name of person signing)	
	P	
(Title of person sig	ning)	