

P03000056789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

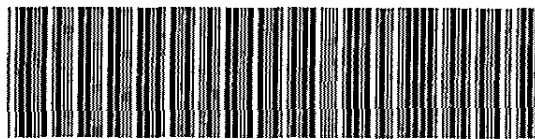
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 APR 18 AM 8:13

Amend.

VB

5/27

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: White Tweety trucking

DOCUMENT NUMBER: P 03000056789

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Elena Segura

(Name of Contact Person)

White Tweety Trucking

(Firm/ Company)

639 SE 7th Place

(Address)

Hialeah, Fl 33010

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Maria Elena Segura

(Name of Contact Person)

at (305) 887-0604

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 APR 18 AM 8:13

White Tweety Trucking, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P03000056789

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article V

Change of last name of registered agent

Delete: Maria Elena Osorio

At : Maria Elena Segura

Attached copy of marriage certificate

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 04/02/05

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 2 day of April, 2005.

Signature Maria E Segura

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Maria Elena Segura
(Typed or printed name of person signing)

President
(Title of person signing)

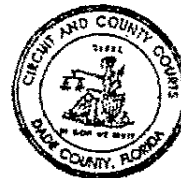
FILING FEE: \$35

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

STATE OF FLORIDA, COUNTY OF DADE
 THIS IS TO CERTIFY THAT THE FOREGOING IS A
 TRUE AND CORRECT COPY OF THE DOCUMENT
 ON FILE OR OF PUBLIC RECORD IN THIS OFFICE.
 WITNESS MY HAND AND OFFICIAL SEAL

THIS 5 DAY OF January 2000
 HARVEY RUVIN, CLERK OF CIRCUIT COURT
 BY [Signature] D.C.



1999-022927

(APPLICATION NUMBER)

BK/PG:

396-1639

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JESUS MANUEL SEGURA			2. DATE OF BIRTH (Month, Day, Year) APR 20, 1969	
3a. RESIDENCE - CITY, TOWN, OR LOCATION HIALEAH	3b. COUNTY MIAMI DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) CUBA	
5a. BRIDE'S NAME (First, Middle, Last) MARIA ELENA OSORIO			5b. MAIDEN SURNAME (If different) LARIOS	
6. DATE OF BIRTH (Month, Day, Year) JAN 22, 1960			7. BIRTHPLACE (State or Foreign Country) NICARAGUA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION HIALEAH	7b. COUNTY MIAMI DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) NICARAGUA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 30, 1999
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>Maria Osorio</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 30, 1999
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>

SEAL



LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
 A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
 BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED DEC 30, 1999	19a. DATE LICENSE EFFECTIVE JAN 02 2000	19. EXPIRATION DATE FEB 27, 2000
20a. SIGNATURE OF COURT CLERK OR JUDGE <u>Harvey Ruvin</u>		20b. TITLE BY D.C.	20c. BY D.C. <u>[Signature]</u>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 01/03/2000	22. CITY, TOWN, OR LOCATION OF MARRIAGE Hialeah
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>	23c. ADDRESS (Of person performing ceremony) 6115 E 8 ST. HIALEAH, FL 330
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) 	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 591-53-1195	27. RACE OTHER	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 01	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
	30. SOCIAL SECURITY NUMBER 144-76-5400	31. RACE OTHER	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) OCT 04, 1999