## P03000109169

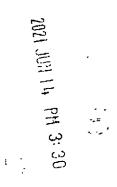
| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Boodine) (Pariser)                     |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| 3                                       |
|   |
|   |
|   |





700368007727

06/14/21--01007--018 \*\*35.00



# COVER LETTER

**TO:** Amendment Section Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  MARIA E. GIL  Name of Contact Person  Firm/ Company 5040 SW 133RD AVE  Address  MIRAMAR, FL 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certifical Copy (Additional Copy is enclosed)  Mailing Address  Street Address  Street Address               | NAME OF CORPORA  | TION:                       | W WORLD TRANSPORT CORP P03000109169   |   |  |
|--|--|-----------------------------|---------------------------------------|---|--|
| Please return all correspondence concerning this matter to the following:  MARIA E. GIL  Name of Contact Person  Firm/ Company 5040 SW 133RD AVE  Address  MIRAMAR, FL 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  State Sass Filing Fee  Certificate of Status (Additional copy is Certificate of Status) (Additional copy is enclosed)  Mailing Address  Street Address  Street Address  | DOCUMENT NUMBE   | R:                          |                                       |   |  |
| MARIA E. GIL.  Name of Contact Person  Firm/ Company 5040 SW 133RD AVE  Address  MIRAMAR, FL 33027  City/ State and Zip Code  MPEREDA28@HOTNAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Street Address  Street Address  | The enclosed Articles of                                 | Amendment and fee are st    | abmitted for filing.                  |   |  |
| Firm/ Company 5040 SW 133RD AVE  Address  MIRAMAR, Fl. 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address  Street Address  Street Address  | Please return all correspo                               | endence concerning this ma  | atter to the following:               |   |  |
| Firm/ Company 5040 SW 133RD AVE  Address  MIRAMAR, Fl. 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is certified Copy  (Additional Copy is enclosed)  Mailing Address  Mailing Address  Street Address  |  |                             | MARIA E. GIL                          |   |  |
| Source SW 133RD AVE  Address  MIRAMAR, FL 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  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  Certified Copy (Additional copy is enclosed)  Mailing Address  Mailing Address  Street Address  | _  |                             | Name of Contact Person                | n   |  |
| Address  MIRAMAR, Fl. 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Mailing Address  Street Address   | <del></del>  | ·                           | Firm/ Company                         |   |  |
| MIRAMAR, Fl. 33027  City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)  Mailing Address  Mailing Address  Street Address   |  |                             | 5040 SW 133RD AVE                     |   |  |
| City/ State and Zip Code  MPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Same of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is certified Copy  is enclosed)  Mailing Address  Street Address  Mailing Address  Memory State and Zip Code  APPEREDA28@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  Area Code & Daytime Telephone Num  Certified Copy Certified Copy  (Additional Copy is enclosed)  Mailing Address  Street Address | _  |                             | Address                               |   |  |
| MPEREDA28@HOTMAILCOM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Inclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S52.50 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Mailing Address  Street Address  |  |                             | MIRAMAR, FL 33027                     |   |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARIA E. GIL  Name of Contact Person  Inclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Mailing Address  Street Address  |  | City/ State and Zip Code ,  |                                       |   |  |
| MARIA E. GIL  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address  Mailing Address  MARIA E. GIL  at (   |  | MP                          | EREDA28@HOTMAIL.CO                    | DM  |  |
| MARIA E. GIL  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed)  Mailing Address  Street Address   |  | E-mail address: (to be u    | sed for future annual report          | notification)   |  |
| Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  ■ \$35 Filing Fee  S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee  Certificate of Status  (Additional copy is Certified Copy  (Additional Copy is enclosed)  Mailing Address  Street Address  | For further information e                                | oncerning this matter, plea | ise call;                             |   |  |
| Name of Contact Person  Area Code & Daytime Telephone Num  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Mailing Address  Area Code & Daytime Telephone Num   | MARI   | A.E. GIL                    | 305                                   | - \ 608-0961  |  |
| S35 Filing Fee S43.75 Filing Fee SCertificate of Status (Additional copy is enclosed)  Mailing Address  S43.75 Filing Fee S43.75 Filing Fee Scertificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Scertificate of Status (Additional copy is enclosed)  Street Address   | Name of Contact Person                                   |                             |                                       |   |  |
| Certificate of Status  (Additional copy is Certified Copy certified Copy is certified Copy is enclosed)  (Additional copy is enclosed)  (Additional Copy is enclosed)  Mailing Address  Street Address   | Enclosed is a check for th                               | ne following amount made    | payable to the Florida Depa           | urtment of State:   |  |
|  | S35 Filing Fee   |                             | Certified Copy<br>(Additional copy is | Certificate of Status<br>Certified Copy<br>(Additional Copy |  |
| Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  | Amendment Section Division of Corporations P.O. Box 6327 |                             | Amend<br>Divisio<br>The C             | Iment Section<br>on of Corporations<br>entre of Tallahassee |  |

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation

#### NEW WORLD TRANSPORT CORP

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

|   | P030001  | 09169  |                                     |
|---|--|--|-------------------------------------|
|   | (Document Number                                       | of Corporation (if known)  |                                     |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes, thi                           | s Florida Profit Corporation adopts the fol  | lowing amendment(                   |
| A. If amending name, enter the new n  | same of the corporation:                               |  |                                     |
|   |  |  | The new                             |
| name must be distinguishable and contai<br>"Inc.," or Co.," or the designation "<br>"chartered," "professional association, | Corp." "Inc." or "Co".                                 | "company," or "incorporated" or the abbre<br>A professional corporation name must c<br>" | viation "Corp.,"<br>ontain the word |
| B. Enter new principal office address,  | if applicable:   | 4118 W 9 CT  |                                     |
| (Principal office address <u>MUST BE A.S</u>  | STREET ADDRESS )                                       | HIALEAH, FL 33012  |                                     |
|   |  |  |                                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                     |  | 4118 W 9 CT  |                                     |
|   |  | HIALEAH, FL 33012  |                                     |
|   |  |  |                                     |
| D. If amending the registered agent at<br>new registered agent and/or the ne  | nd/or registered office ad-                            | dress in Florida, enter the name of the  |                                     |
| Name of New Registered Agent  | JOSE F. GIL  | <u> </u>   |                                     |
|   | 4118 W 9 CT  |  |                                     |
|   | (Florida s   | treet address)   |                                     |
| New Registered Office Address:  | HIALEAH  | . Florida <sup>330</sup>   | 012                                 |
|   |  | (City)   | (Zip Code)                          |
|   |  |  |                                     |
| N. B. C. L.   |  |  |                                     |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regis  | changing Registered Agen<br>tered agent. I am familiar | nt:<br>with and accept the obligations of the positi                                     | tion. 202                           |
|   | \\_\.  |  | <u></u>                             |
|   |  | 73   | -                                   |
|   | Signature of New                                       | Registered Agent, if changing  | 0021 JUN 14 PH                      |
| Ch. A. Stownski et l  | , , , , , , , , , , , , , , , , , , ,                  | G TESTIN A STITUSTIC   | PH                                  |
| 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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                      | PT           | <u> Iolm Doc</u> |                   |
|-------------------------------|--------------|------------------|-------------------|
| $\underline{X}$ Remove        | <u>V</u>     | Mike Jones       |                   |
| X Add                         | <u>sv</u>    | Sally Smith      |                   |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>      | <u>Addres</u> s   |
| 1) Change                     | חדין         | MARIA E. GIL     | 5040 SW 133 AVE   |
| Add                           |              |                  | MIRAMAR, FL 33027 |
| XRemove                       |              |                  |                   |
| 2) Change                     | P/T          | JOSE F. GIL      | 4118 W 9 CT       |
| X Add                         |              |                  | HIALEAH, FL 33012 |
| Remove<br>3 ) Change          |              |                  |                   |
| Add                           |              |                  | <del></del>       |
| Remove                        |              |                  |                   |
| 4) Change                     |              |                  |                   |
| Add                           |              |                  |                   |
| Remove                        |              |                  | <del> </del>      |
| 5) Change                     |              |                  |                   |
| Add                           |              |                  |                   |
| Remove                        |              |                  |                   |
| 6) Change                     |              |                  |                   |
| Add                           |              |                  |                   |
| Remove                        |              |                  |                   |

|                         | sheets, if necessary)     | (Be specific)              |                   |                            |             |             |
|-------------------------|---------------------------|----------------------------|-------------------|----------------------------|-------------|-------------|
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           | ·,,-                       |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
| <del></del>             |                           |                            |                   |                            |             | _           |
|                         |                           |                            |                   |                            |             | <del></del> |
|                         |                           |                            |                   | <u> </u>                   |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | <u> </u>          | <del></del>                |             |             |
|                         |                           |                            |                   |                            |             |             |
| <del></del>             |                           |                            |                   | <del></del>                |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | <del></del>       | <del>-</del>               |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            | <del></del> |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
| <u> </u>                |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | <del></del> _     |                            |             | <del></del> |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   | <del></del>                |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | - <u>-</u>        |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
| <u>an amendment</u>     | provides for an evo       | <u>rhange, reclassific</u> | cation, or cancel | <u>lation of issued sh</u> | ares,       |             |
| <u>rovisions for in</u> | <u>nplementing the am</u> | <u>endment if not co</u>   | ontained in the a | mendment itself:           |             |             |
| (if not applied         | able, indicate N/A)       |                            |                   |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
| <del></del>             | <del>-</del>              |                            | -                 |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
| <del></del>             |                           |                            |                   | ·•                         |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | <del></del> ,     |                            |             |             |
|                         |                           |                            |                   |                            |             |             |
|                         |                           |                            | <u>-,,</u>        |                            | _           |             |
|                         |                           |                            |                   |                            |             |             |
|                         | <del></del>               |                            |                   |                            |             |             |
| <u> </u>                |                           |                            |                   |                            |             |             |
|                         |                           |                            | <u>.</u>          | ·                          |             |             |
|                         |                           |                            | <del></del>       |                            |             |             |

| The date of each amendment(s) adoption:  | , if other than the       |
|--|---------------------------|
| date this document was signed.   |                           |
| Effective date if applicable:  |                           |
| (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date we document's effective date on the Department of State's records.                         | vill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                           |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.  | nd shareholder            |
| ☐ The amendment(s) was/were adopted 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)   | 202                       |
| JUNE 10, 2021<br>Dated   | 2021 JUH 1 4              |
| 1/ / /2/   | <del></del>               |
| Signature Wallo Elilia V.  | ₽ ··                      |
| (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                                  | <u>.</u>                  |
| appointed fiduciary by that fiduciary)   | :<br>30                   |
| MARIA E. GII.  | _                         |
| (Typed or printed name of person signing)  | <del></del>               |
| PRESIDENT  |                           |
| (Title of person signing)  | <del></del>               |