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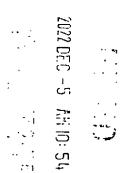
(Requ	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HIALEAH TAXI F	REPAIRS & AUTO SERVI	CE INC
DOCUMENT NUMB	ER: P04000076251		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVID MANUEL CONCEI	RO	
•		Name of Contact Persor	1
		Firn/ Company	
	4151 E 10TH LANE		
•		Address	
	HIALEH, FL 33013		
		City/ State and Zip Code	
	HP3099@HOTMAIL,COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DAVIS MANUEL CO	ONCEIRO	at (608-5730
Name o	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
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 is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

NAME OF CORPO	RATION: HIALEAH TAXI R	EPAIRS & AUTO SERVIC	E INC	•
DOCUMENT NUM	BER: P04000076251		7521	
	of Amendment and fee are sub	mitted for filing.		
Please return all corre	espondence concerning this matt	ter to the following:	2022 DEC -5	Ali In. E.
	DAVID MANUEL CONCEIR	RO		-7.75
		Name of Contact Person		×1, 2
		Firm/ Company		_
	4151 E 10TH LANE			
	HIALEH, FL 33013	Address		
		City/ State and Zip Code		
	HP3099@HOTMAIL,COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
DAVIS MANUEL (CONCEIRO	at (<u>305</u>	608-5730	
	e of Contact Person	Area Coo	le & Daytime Telephone Nur	nber
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
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 is enclosed)	
A D P.	mendment Section ivision of Corporations O. Box 6327	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	0
	HIALEAH TA)	(I REPAIRS		4487
 	4151 E 10 HIALEAH FL 3		DATE _///29/2022	53-4 630 Ft 24146
PAY TO THE ORDER OF	FLORIDA DEPART	MENT OF STATE		\$ 35,5
THIR	TY FIVE WITH a			_DOLLARS @
BANK	OF AMERICA			Tomas Wis
	OF AMENDMENT	1,140,140		y

Articles of Amendment to Articles of Incorporation of

HIALEAH TAXI REPAIRS & AUTO S	ERVICE, INC		2022 000 0	• •
(Name of Corporation as currently filed with the Florida Dept				អំពី ប្រៈ 54
P0400076251		·		~
	(Docume	ent Number of Corporation (if known)		- <u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida	Statutes, this Florida Profit Corporation ad	opts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the co	rporation:		
			T_{i}	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc,"	"poration," "company," or "incorporated" e or "Co". A professional corporation na liation "P.A."	or the abbreviation ' ime_must_contain_t	"Corp.," he word
B. Enter new principal office address, (Principal office address MUST BE A S				
(Frincipal office address MOST BE AS	TREET ADD	<u></u>		
		. =		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		a a		
(maining matrices MATE DE AT 1931	OI I ICE BOX			
				
		ed office address in Florida, enter the nam	ne of the	
new registered agent and/or the ne				
Name of New Registered Agent	DAVID MAI	NUEL CONCEIRO		
	4151 E 10TH	LANE		
		(Florida street address)		
New Registered Office Address:	HIALEAH		. Florida 33013	
	-	(City)	(Zip Cod	le)
New Registered Agent's Signature, if c		stered Agent: am familiar with and accept the obligations	e of the position	
t nevery accept the appointment as regis	етеа идет. Т		of the position,	

Signature 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	PT	John Doe			
_					
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	P	ALI ANWAR	4151 E 10TH LANE		
Add			HIALEAH, FL 33013		
X Remove					
2) Change	P	DAVID MANUEL CONCEIRO	4151 E 10TH LANE		
Add			HIALEAH, FL 33013		
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	if necessary). (Be	e specific)			
<u>-</u> -				· 	
					
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	<u> </u>				
					
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- 11=					
			_		
n amendment provid	<u>les for an exchange</u>	<u>, reclassification</u>	<u>i, or cancellation</u>	of issued shares.	.
auicione for i	nting the amendme	<u>ent if not contai</u>	ned in the amend	ment itself:	
OVISIONS FOR IMPIEME	laicaie N/A)				
(if not applicable, in					
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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	ata)
	(no more man 30 days after amenament file a	uie)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendate.	
"The number of yotes"	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
NOVEN Dated	1BER 15, 2022	
Duited		
Signature		
	a director, president or other officer – if directors or officers hat cted, by an incorporator – if in the hands of a receiver, trustee,	
	pinted fiduciary by that fiduciary)	or other court
	DAVID MANUEL CONCEIRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	