P110000 22157

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Do	ocument Number)			
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: KATAJULI AUTO	TRANSPORT INC			
	1BER: P11000022157				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MARGARITA GONZALEZ				
		Name of Contact Person	n		
	JMGP MULTISERVICES IN	IC .			
		Firm/ Company			
	951 PROSPECT AVE APT 6	C			
		Address	-		
	BRONX NY 10459				
		City/ State and Zip Cod	e		
	MARIVANI331@GMAIL.C	COM			
	-	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
MARGARITA GON	VZALEZ	at (<u>305</u>	469-2498		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check	for the following amount made [payable to the Florida Depa	artment of State:		
■ \$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		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

KATAJULI AUTO TRANSPORT INC

RATAJOLI AOTO TRANSFORT INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P11000022157		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_{ij} its Articles of Incorporation:	lorida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
	Th.,	new
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."	mpany," or "incorporated" or the abbreviation "C	orp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	2020	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	; ;	•
	ين .	· · ·
D. If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	5
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
	Lity) (Zip Code)	<u>. </u>
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 Reg	zistered 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	DТ	Libra Day	
-	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>∆ddres</u> s
1) Change	<u>P</u>	SANTA RAMIREZ	11270 NW 17TH AVE
Add			MIAMI FL 33167
x Remove			
2) Change	P	MANUEL CUEVAS	11270 NW 17TH AVE
X Add			MIAMI FL 33167
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding a itional sheets,	if necessary).	(Be specific))			
			·			 .	
							
			·				
<u> </u>							
					•	•	
							
•						-	
							
f an amen	dment provid	les for an excl	hange, reclassi	ification, or ca	ancellation of is	sued shares,	
provisions	s for impleme	nting the ame	ndment if not	contained in	the amendmen	t itself:	
(if not	applicable, in	idicate N/A)					
<u>_</u>			<u> </u>				<u> </u>
			<u> </u>				
							<u></u>
							- .

The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depart		requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes eastient for approval.	t for the amendment(s)
	ed by the shareholders through voting groups. The voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appro	oval
by		<u></u>
	(voting group)	
JULY 10.2020 Dated		
Signature	Santa Rominos	
selected, b	tor, president or other officer – if directors or of y an incorporator – if in the hands of a receiver, fiduciary by that fiduciary)	
SA	NTA RAMIREZ	
	(Typed or printed name of person signif	ng)
PR	ESIDENT	
_	(Title of person signing)	