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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

To:

COVER LETTER

Division of Corporation	15		
NAME OF CORPORATION	ON: CHE CARGO & L	OGISTIC, INC	
DOCUMENT NUMBER:	P13000017629		
The enclosed Articles of Am		bmitted for filing.	
Please return all corresponde	ance concerning this ma	tter to the following:	
PABI	.0 A D0U		
CHE	CARGO & LOGISTIC.	Name of Contact Person INC	1
162 \	ARION OAKS GOLF	Firm/ Company RD	
OCA	LA, FL 34473	Address	
		City/ State and Zip Code	2
pablo	dou101@yahoo.com		
Ē	i-mail address: (to be us	ed for future annual report	notification)
For further information conc	erning this matter, pleas	se call:	
PABLO A DOU		786 at (261-4448) de & Daytime Telephone Number
Name of Con	tact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	ariment of State:
5 \$35 Filing Fee C	3\$43.75 Filing Fee & Certificate of Status	U\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

18132001059

CHE CARGO & LOGISTIC, INC	
(Name of Corporation as currently fil	ed with the Florida Dept. of State)
P13000017629	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "co." Inc., " or Co.," or the designation "Corp," "Inc.," or chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbi or "Co". A professional corporation name must co lation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)
	202
	- Ö 🚡
	i a z m
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)	
(Staining address MALEREA PLAN INFERCE BOX)	
-	<u> ₹</u> □
)
5.16	
D. If amending the registered agent and/or registere new registered agent and/or the new registered office	d office address in Florida, enter the name of the
	e address:
Name of New Registered Long PABLO A	
162 MARION OAKS	GULF RD
(Florida stree	t address)
New Registered Office Address: OCALA	, Florida 73
(Ciny)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I a	stered Agent: om familiar with and accept the obligations of the posit
Signature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.

To:

(Attach additional Please note the off P = President; V = Executive Officer; President, Treasur Changes should be a change, Mike Jo.	sheets, if new icer/director is Vice Preside CFO = Chief or, Director vented in the new town the new town the control of the control	Edirector being added: sessary) ittle by the first letter of the office ent: T= Treasurer; S= Secretary; Financial Officer, If an officer/div yould be PTD, following manner, Currently John corporation, Sally Smith is name fally Smith, SV as an Add.	name of each officer/director being remove title: D= Director: TR= Trustee: C = Chairman rector holds more than one title, list the first law Doe is listed as the PST and Mike Jones is and the V and S. These should be noted as John
X Remove	_ VM	ike Jones	
X Add	_SVSally_Smith		
Type of Action (Check One)	Title	Name	_Address
l)_Change	VP	Castillo, Judith	162 MARION OAKS GOL
Add			OCALA, FL 34473
Remove			
2)Change			
Add_			
Remove 3)_Change			
Add_			
Remove			·
4) _Change			
Add			-
Remove			
5) Change			
Add_			
Remove			
6) _Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

To:_

E. <u>If amen</u> (Attach a	nding or adding additional Articles, ente additional sheets, if necessary). (Be specific	r change(s) here:
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	walling and the specific	,
		
	•	
F. If an am provise (if not	nendment provides for an exchange, recl ons for implementing the amendment if applicable, indicate N/A)	assification, or cancellation of issued share not contained in the amendment itself:
N/A		

To:

The date of each amendment(s) adoption: date this document was signed.	other
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 filing requirements, this document's effective date on the Department of State's records.	ate v
Adoption of Amendment(s) (CH <u>ECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	uent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
Dated 03/18/2024	
Signature (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 liduciary by that fiduciary)	
PABLO A DOU	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	