PB0000039035

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T. KENIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

v v v

NAME OF CORPOR	ATION: ELEGUAS	TRUCKING INC	<u> </u>
DOCUMENT NUMB	ER: P1300002903	5	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	JASMINE RODR	IGUEZ	
-		Name of Contact Persor	1
	BEST QUICK TA	X RETURNS IN	C
•		Firm/ Company	
_	320 S BUMBY A	/E STE 10	
		Address	
_	ORLANDO FL 32		
		City/ State and Zip Code	- .
	E-mail address: (to be us	ed for future annual report	notification)
	`	·	,
For further information	concerning this matter, pleas	e call:	
JASMINE RO	DRIGHEZ	407	896-7921
	f Contact Person	at (Area Co	896-7921 de & Daytime Telephone Number
ivanie o	i Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

	tly filed with the Florida Dept. of State)	
P13000029035		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F as Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following amendment(
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp." "Inc," or "Co". A professional co	
3. Enter new principal office address, if appli	cable:	
Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
		
		
D. If amending the registered agent and/or re	gistered office address in Florida, enter the	e na me of the
D. If amending the registered agent and/or re- new registered agent and/or the new regist		e na me of the
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist		
new registered agent and/or the new regist	ered office address:	
new registered agent and/or the new regist	ered office address: (Florida street address)	
new registered agent and/or the new regist	ered office address: (Florida street address)	orida
new registered agent and/or the new registered Name of New Registered Agent	ered office address: (Florida street address)	
new registered agent and/or the new registered Name of New Registered Agent	ered office address: (Florida street address)	orida
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address:	ered office address: (Florida street address) , Flo	orida
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing	ered office address: (Florida street address) , Flo (City)	orida (Zip Code)
new registered agent and/or the new registered Name of New Registered Agent	ered office address: (Florida street address) , Flo (City)	orida (Zip Code)
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered agent.	ered office address: (Florida street address) , Flo (City) Registered Agent: ent. I am familiar with and accept the oblig	orida(Zip Code) ations of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered agent.	ered office address: (Florida street address) , Flo (City)	orida(Zip Code) ations of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered agent.	ered office address: (Florida street address) , Flo (City) Registered Agent: ent. I am familiar with and accept the oblig	orida(Zip Code) ations of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing hereby accept the appointment as registered agent.	ered office address: (Florida street address) , Flo (City) Registered Agent: ent. I am familiar with and accept the oblig	ations of the position.
new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing thereby accept the appointment as registered agents.	ered office address: (Florida street address) , Flo (City) Registered Agent: ent. I am familiar with and accept the oblig	orida(Zip Code) ations of the position.

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	FRANCISCO RODRIGUEZ	
X Add			ORLANDO FL 32827
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassifica	tion, or cancellat	ion of issued sh	ares,
rovisions for implementing the ame (if not applicable, indicate N/A)	<u>nament ii not con</u>	tained in the ame	enament itseii:	
		· · · · · · · · · · · · · · · · · · ·		
		 		

The date of each amendment(s) ad	loption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder .
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 02/24/2	2016
Signature_	Lilanna
. (By a di	rector, president or other officer - if directors or officers have not been
	I, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
• •	
	ARIANNA GONZALEZ
•	(Typed or printed name of person signing)
	VICE PRESIDENT
•	(Title of person signing)