714000062919

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13. HUNT C5/73/24

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DE LA CAR TRANSPORT INC
DOCUMENT NUMBER: P19000062919
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person De La Croz Landscaping & Cheming inc Firm/ Company 417 CHAYNE Place Address St. Cloud, fl, 3477
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 276-2736 Area Code & Daytime Telephone Number
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) S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

DELa Cruz Invest & YAHOO. COM

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporation"." or "Co.," or the designation "Corp," "Inc.," or "Corporation" or the abbreviation."	on," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		
Name of New Registered Agent		
(Flo.	orida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		
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.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
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 d document's effective date on the Department of State's records.	ate will 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 act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 5-20-24	
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 cou appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	