P15000054565

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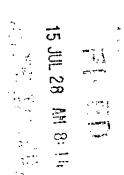
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Jaguar Freight Lives Inc	
DOCUMENT NUMBER: P1500054565	
The enclosed Articles of Amendment and fee are submitted for filing.	ب احد ا
Please return all correspondence concerning this matter to the following:	
Felix Victor Ruz Leyva Name of Contact Person Jaguar Freight Lives Inc Tirm/Company 19584 NW 55 th Circle PL Address Migni Grandens PL 33055 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Felix Victor Ruiz Leyva at (512) 589-0792 Name of Contact Person Area Code & Daytime Telephone Number	_
Inclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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	Amendment	
	to	
	ncorporation of	· 8
Jan = = = 11/1		10 y = 10 10 10 10 10 10 10 10 10 10 10 10 10
Name of Corporation as curren	NS _MC	a Dept. of State) $ \odot $
		a Dept. of State)
P/5000054		1000 517
(Document Number	of Corporation (if known	1)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corpord</i>	ntion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional o	
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 <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter t	he name of the
new registered agent and/or the new registered office addre	2881	
Name of New Registered Agent		
	street address)	
it tortest.	sircer dadressy	
New Registered Office Address:		, Florida(Zip Code)
	(City)	(Zip Code)
Non-Doubleton d Annually Change 18 1 1 D 1 1 1 1	4 -	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent.—I am familia	nt: r with and accept the obl.	eations of the position
The state of the s	www.prince orn	Security of the Position.
Signature of New	Registered Agent, if char	

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	<u>Addres</u> s
1) X Change	P	Felix Victor Ruiz Layva	19584 NW 55th Cir. PL Miami, Gardens, FL 33055
Add		·	Miami, Gardens, FZ 33055
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			***************************************
Add			
Remove			
6)Change		<u> </u>	
Add			
Remove			

(Miae	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
·	
	
pros	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutor, document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	roups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
bv	
by	
e amendment(s) was/were adopted by the board of directors without shar action was not required. The amendment(s) was/were adopted by the incorporators without sharehol	
action was not required. Dated 7/12/15	2 (Quari)
Signature (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
Felix Victor Ruis (Typed or printed name of per	2 Legua.
President	
(Title of person sig	gning)