P15000099601

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Fernandez Enterpr	ise Trucking, Inc	
	ABER: P15000099601		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Edgar Fernandez Alvarez		
		Name of Contact Person	1
Fernandez: Enterprise Trucking, Inc			
		Firm/ Company	
	3733 Nekossa St		
		Address	****
	North Port, FL 34287		
		City/ State and Zip Cod	e
	edar.fdezalvarez2004@gmail	com sed for future annual report	
	ion concerning this matter, plea		
Edgar Fernandez Alvarez		at () 346-9330 de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Fernandez Enterprise Trucking, Inc			
(Name of Corporation	on as currently filed with the Florida	Dep20248416 27 PM 4: (19
4-1795038		_	
(Docum	ent Number of Corporation (if known)	SECTION OF STATE	ĪΕ
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporat		
. If amending name, enter the new name of the co	rporation:	The ne	
ime must he distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc." chartered," "professional association," or the a5brey	or "Co". A professional corporat	ated" or the abbreviation "Corp.	··
. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADD</u>			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)		-
. If amending the registered agent and/or register new registered agent and/or the new registered of		ne name of the	-
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.		zations of the position.	
	uture of New Registered Agent, if chang	ging	
-			
heck 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)

Example:

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.

X Change	<u>b.l.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	p	Edgar Fernandez Alvarez	3733 Nekossa St
X Add			North Port, FL 34287
Remove			
2) Change			
Add			<u></u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s (Be specific)			
•				
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•				
				
		<u> </u>		
				
	-			
				_
<u></u>				
If an amendment provides for an exc	hange, reclassificati	on, or cancellation o	fissued shares,	
provisions for implementing the ame	endment if not conta	ined in the amendm	ent itself:	
(if not applicable, indicate N/A)				
			1.2 1.1	
			-	

•

	08/20/2024	
The date of each amendment(s) ad date this document was signed.	option:, if other	than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl-document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be liste artment of State's records.	d as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ited by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
08/20/2024		
Dated		
Signature	Ague	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
,	dgar Fernandez Alvarez	
-	(Typed or printed name of person signing)	
•	President	
	(Title of person signing)	