## Phoopolis

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NEW TO FILE STATE OF THE STATE

R. WHITE

## COVER LETTER

**TO:** Amendment Section Division of Corporations Eagle Lady Transport Corp. NAME OF CORPORATION: \_ P16000002185 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leidys Fernandez Name of Contact Person Eagle Lady Transport Corfa 17420 SW 119th Ave Address Miami Fl 33177 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 900-7730

Area Code & Daytime Telephone Number Leidys Fernandez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

## FILED

17 NOV 20 PH 4: 27

Eagle Lady Transport Co

SECRETARY OF BUSINE TALL AND BEEFFL SHOW

isagic isaay Transport Co	1.1	TWEETAWARE CARROL
(Name o	f Corpo	ration as currently filed with the Florida Dept. of State)
P16000002185		
	(D	beument Number of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, FI	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ine ofiti	 he corporatio <u>n:</u>
	<u>                                     </u>	word "corporation," "company," or "incorporated" or the abbreviation
iame must be distinguisnable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation f	orp," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address,	if applic	<u></u>
Principal office address MUST BE A S	TREET.	ADDRESS )
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	1	
C. Enter new mailing address, if appli		nov
(Mailing address MAY BE A POST of	<u>) FFTGE</u>	<u></u>
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). If amounting the registered equation	4/02 200	istered office address in Florida, enter the name of the
new registered agent and/or the new		
		Fernandez
Name of New Registered Agent		Change
	17420	\$w 119th Ave
	<u> </u>	(Florida street address)
	ļ Miami	33177
New Registered Office Address:		, Plorida
	ĺ	(City) (Zip Code)
	l,	
	ſ	
New Registered Agent's Signature, if cl	<u>hanging</u>	Registered Agent:
hereby accept the appointment as regist	ered ag <mark>e</mark>	nt. I am familiar with and accept the obligations of the position.
	j. J.	
		Signature of New Registered Agent, if changing
	ļ	
	Į,	

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 <u> 14</u> John Doe X Remove Mike Jones V X Add  $\underline{SV}$ Sally Smith <u>Addres</u>s Type of Action Title Name (Check One) 17420 Sw 119th Ave Landy Fernandez 1) \_\_\_\_ Change Miami, Fl 33177 \_\_\_ Add \_ Remove Leidy Fernandez 17420 SW 119th Ave 2) \_\_\_\_ Change Miami, Fl 33177 x \_\_\_ Add \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 5) Change \_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here: Especific)
(Attach additional sheets, if necessary). (Be	
i 1	
	<u></u>
	<u> </u>
E. If an amandment provides for an exchange	c, reclassification, or cancellation of issued shares,
provisions for implementing the amendm	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>.</del>	<u> </u>
	<u> </u>
<del></del>	

• • • • •	[.]		
·	-    11/1/7/2	2017	
The date of each amendment(s) a date this document was signed.	doption:	<del></del>	, if other than the
11/1 Effective date <u>if applicable</u> :	17/2017		
<u></u>	1 (210	more than 90 days after amendment file da	te)
Note: If the date inserted in this bedocument's effective date on the De	block does n <b>ot</b> me epartment of <b>St</b> ate	eet the applicable statutory filing requiremee's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK	(ONE)	
The amendment(s) was/were add by the shareholders was/were st		cholders. The number of votes east for the appeal.	mendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the share each voting grou	reholders through voting groups. The follow up entitled to vote separately on the amendm	ing statement sent(s):
"The number of votes cast	for the amen <b>di</b> ner	ent(s) was/were sufficient for approval	
by	<u> </u>		
	(vot <b>ing</b> g	group)	
☐ The amendment(s) was/were ad action was not required.	opted by the <b>bo</b> ard	d of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incor	rporators without shareholder action and sha	reholder
11/17/20 Dated	17	$\Omega$	
17acu		<del>[//-//]</del>	
Signature		6 G is it is to a a officer have	to nut hour
selecte	ed, by an incompor	t or other officer — if directors or officers have rator — if in the hands of a receiver, trustee, o that fiduciary)	
арроп	nted fiduciary <b>by</b> f Leidys Fern <b>a</b> nd		
	į į	ed or printed name of person signing)	
	President	va or primer name or present against	
	- []	(Title of person signing)	
	i   	(The or permission)	
	<b>!</b>		
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