P160000 248 24

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
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	Office Use Or	nlv



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AUG 1 6 2018

C. CARROTHERS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: EVERLASTING T	RANSPORT, CORP		
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
Y	ANITZA GUEVARA			
		Name of Contact Person	1	
E	EVERLASTING TRANSPORT, CORP			
		Firm/ Company		
4.	119 SW 1ST AVE			
		Address	· · · · · · · · · · · · · · · · · · ·	
C	APE CORAL, FL 33914			
_		City/ State and Zip Code	}	
EVERL	ASTINGCORP2016@GMA	AIL.COM		
	E-mail address: (to be use	ed for future annual report	notification)	
For further information o	concerning this matter, please	e call:		
YANITZA GUEVARA		at (537-8120	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	ayable 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)	
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000024824	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
NIA	The new
name must be distinguishable and contain the word	
B. Enter new principal office address, if applicable:	mo =
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)
	□n) (
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of the new registered agent. 	ed office address in Florida, enter the name of the
Name of New Registered Agent	
Nume of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
N/A	ture of New Registered Agent, if changing
Signa	ture of New Kegistered Agent, if changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	LUIS E CHAVEZ	4119 SW 1ST AVE
Add X Remove			CAPE CORAL,FL 33914
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			~~~
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necessar	Articles, enter chary). (Be specific)	ange(s) here:			
N/A					
	•				-
				-	· · · · · · · · · · · · · · · · · · ·
				-	
				· · · · · · · · ·	
		-	•		
F. If an amendment provides for an provisions for implementing the (if not applicable, indicate N/2)	amendment if not	ification, or cand contained in the	cellation of issued e amendment itse	<u>l shares,</u> elf:	
N/A					
				· ·	
		·			

The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	08/04/2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/04 Dated	/2016	
Signature	A more	
	By a director president or other officer - if directors or officers have not beer	
	elected, by armincorporator - if in the hands of a receiver, trustee, or other cou	ırt
a	ppointed fiduciary by that fiduciary)	
	YANITZA GUEVARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	