

P16000027235

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000284812 3)))



H1800028481234901

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : TRUCKING PERMITS AND MORE LLC  
Account Number : I20140000047  
Phone : (813)774-4726  
Fax Number : (813)877-2196

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WA AUTO TRANSPORT INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED  
18 OCT -2 /A 10:23  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED  
18 OCT -2 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2018  
S. YOUNG

850-617-6381

10/2/2018 10:51:01 AM PAGE

1/001

Fax Server



October 2, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WA AUTO TRANSPORT INC  
8816 BRENNAN CIR  
APT 106  
TAMPA, FL 33615US

SUBJECT: WA AUTO TRANSPORT INC  
REF: P16000027235

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

ALL PAGES NOT RECEIVED ONLY PAGE 1OF4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H18000284812  
Letter Number: 718A00020440

RECEIVED  
10 OCT -2 PM 12:11  
SECRETARY  
TALLAHASSEE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WA AUTO TRANSPORT INC  
DOCUMENT NUMBER: P16060027235

The enclosed Articles of Amendment and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

GUILLERMO JIMENEZ DAUDINOT  
Name of Contact Person  
Firm/Company:  
7903 COCO VERDE STREET  
Address  
TAMPA FL 33615  
City, State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM VARGAS 813 7744726  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6127  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Chilton Building  
2681 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

WA AUTO TRANSPORT INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PI6000272AS

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607, 1906, Florida Statutes, this Florida Profit Corporation adopts the following amendments to its Articles of Incorporation:

A. If any of the name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address \_\_\_\_\_ Florida \_\_\_\_\_

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
18 OCT -2 AM 10:23  
TALLAHASSEE, FLORIDA

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; VP = 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 PTT).

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:

Change      PT      John Doe  
 Remove      V      Mike Jones  
 Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	BARRS CARVALAL, MARCOS	5680 HARBORSIDE DR TAMPA, FL 33165
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	FRANK WILLIAM JIMENEZ	7907 COCO VERDE STREET TAMPA FL 33615
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			



10/1/18

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 amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_  
*(voting group)*

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/1/18

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 court appointed fiduciary by that fiduciary)*

JIMENEZ DAVIDINOT, GUILLERMO

\_\_\_\_\_  
*(Typed or printed name of person signing)*

PRESIDENT

\_\_\_\_\_  
*(Title of person signing)*