

PI6 000035106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

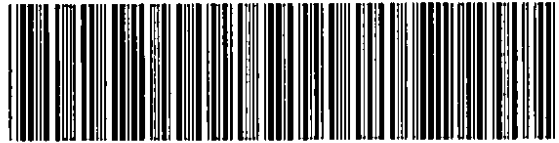
(Business Entity Name)

(Document Number)

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02/15/21--01095--012 **1085.00

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2021 MAY 18 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FL

MAY 25 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CUEVAS TRANSPORT, INC

DOCUMENT NUMBER: P16000035106

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HIRAN DE LAS CUEVAS

Name of Contact Person

Firm/ Company

2504 W MARQUETTE AVE

Address

TAMPA, FL 33614

City/ State and Zip Code

hiranintro@hotmail.com

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

For further information concerning this matter, please call:

HIRAN DE LAS CUEVAS

at (813) 777-4708

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 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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Reinstatement Request

Ref# P160000035106

Corporation Name: Cuevas Transport Inc

Owner name: Hiran De Las Cuevas

Phone: 813 777 4708

Document#: P160000035106

Mrs Connell Im sending this request direct to you and I hope you can help me out to reinstate my corporation since I have dealing with this issue since February. Like I just said I sent my application for reinstatement and amendment since February attached with a check that was cleared on my bank 3 days after you received. Then 3 weeks ago I received a notification that you guys were not able to reinstate my corporation because I was short on the check and I still have a balance due of 150. Next day I sent all the documents again with the notification latter and a check of 150. I sent this package through USPS and tracking # 9505 5154 2292 1117 5839 44 shows that it was delivered on april 29 at 5:24 am . I though the problem is gonna be solve but is not. However, im sending another check of 150 direct to you in case my package was lost . Im highly frustrared with this situation and I really hope you can help me out with my reinstatement and my amendment request . Please contact me in case you have any question .

Thank you so much in advance.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2021

HIRAN DE LAS CUEVAS
2504 W. MARQUETTE AVE.
TAMPA, FL 33614

SUBJECT: CUEVAS TRANSPORT, INC.
Ref. Number: P16000035106

We have received your document and check(s) totaling \$1085.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$150.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The total amount due to reinstate is \$1200.00.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 121A00007652

Articles of Amendment
to
Articles of Incorporation
of

CUEVAS TRANSPORT, INC

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

P16000035106

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

CUEVAS TRANSPORTATION, INC

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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2021 MAY 18 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL

1)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>
2)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>
3)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>
4)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>
5)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>
6)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Add			<input type="checkbox"/>
	<input type="checkbox"/> Remove			<input type="checkbox"/>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 HIRAN DE LAS CUEVAS
(voting group)"

2/12/2021
Dated _____

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)

HIRAN DE LAS CUEVAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)