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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: E & L TRANSPO	RTING SERVICES COF	RP		
DOCUMENT NUMBE	P160000435286				
The enclosed Articles of					
Please return all correspondence concerning this matter to the following:					
		Guillermo R Gutierre	Z		
-		Name of Contact Perso	n	 -	
	GUTIER	REZ AND ASSOCIATES	SERVICES, INC.		
	Firm/ Company				
	4640 SW 155TH PLACE				
_		Address			
MIAMI, FLORIDA 33185				, , , , , , , , , , , , , , , , , , , ,	
		City/ State and Zip Cod	e		
		guillare@yahoo.com			
	F-mail address: (to be u	sed for future annual report	notification)	" .	
			,		
For further information of	concerning this matter, pleas	se call:			
Guillermo I	R. Gutierrez	305 at (223-4289		
Name of	Contact Person	Area Co	de & Daytime Telephone Num	ber	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 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)	e e ye e e e e e e e e	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

L Q L HOW	SPORTING SERVICES	CORP	M JOE - 2 BU 6	, , ,
(<u>Name of</u>	Corporation as currentl	y filed with the	Fforida Dept. of Stat	e)/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	P160000435286		TALL AND THE	Unida
	(Document Number of	Corporation (if	known)	
Pursuant to the provisions of section 607.10 as Articles of Incorporation:	06, Florida Statutes, this	Florida Profit C	orporation adopts the	following amendment(s
. If amending name, enter the new nam	e of the corporation:			
	_			The new
ame must be distinguishable and contai "Corp". "Inc" or Co., " or the designati word "chartered," "professional associatio	ion "Corp," "Inc," or "	Co". A professi		
Enter new principal office address, if	annlicable:	601 NW 3RE	O AVE	
Principal office address <u>MUST BE A STR</u>		LOTE 1-18		
		HOMESTEA	D, FLORIDA 33034	,
Enter new mailing address, if applica		601 NW 3RE) AVE	•
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX	LOTE 1-18		
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
		HOMESTEA	.D, FLORIDA 33034	·
). If amending the registered agent and/			nter the name of the	
new registered agent and/or the new r	ERNESTO LARA	<u>.</u>		+ *** * * -
6	01 NW 3RD AVE LOTE	1-18 HOMES	TEAD, FL 33034	
	(Florida stre	ret address)		
New Registered Office Address:	OMESTEAD,		, Florida	33034
New Registered Office Had ess.		(City)	, i fortain	(Zip Code)
ew Registered Agent's Signature, if chain hereby accept the appointment as registered	nging Registered Agent: ed agent. I am familiar w	ith and accept th	he obligations of the p	osition.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or E , if neces: rector tit. Presiden = Chief r, Direct l in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= T Financial Officer. If an officer/director holds more to or would be PTD. llowing manner. Currently John Doc is listed as the corporation, Sally Smith is named the V and S. These.	rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	EMILIO ALFONSO	27716 SW 132ND COURT
Add			HOMESTEAD, FL 33032
X Remove			
2) Change	PST	ERNESTO LARA	601 NW 3RD AVE
X Add			LOTE 1-18
Remove			HOMESTEAD, FLORIDA 33034
3) Change			
-			 ',
Add			E
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			

__ Add

____ Remove

ŀ	(Attach additional sheets, if necessary). (Be specific)
٠.	REGISTERED AGENT NAME AND ADDRESS TO BE REMOVED
E	EMILIO ALFONSO: 27716 SW 132ND COURT HOMESTEAD, FLORIDA 33032
_	
	REGISTERED AGENT NAME AND ADDRESS TO BE ADDED
	ERNESTO LARA: 601 NW 3RD AVE LOTE 1-18 HOMESTEAD, FLORIDA 33034
 F	PRINCIPAL ADDRESS AND MAILING ADDRESS TO BE REMOVED
2	27716 SW 132ND COURT HOMESTEAD, FLORIDA 33032
- 	CENTRAL PROPERTY OF THE PROPER
- F	RRINCIPAL ADDRESS AND MAILING ADDRESS TO B€ ADDED
-	501 NW 3RD AVE LOTE 1-18 HOMESTEAD, FLORIDA 33034
	and the second of the second o
:	A STATE OF THE STA
. . .	
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)
	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	Ppropring Ppp Ppp Ppp Ppp Ppp Ppp Ppp Ppp Ppp Pp
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	JULY 2ND, 2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	JULY 2ND, 2018	
Effective date <u>if applicable</u> :	·	<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	ς, .
	for the amendment(s) was/were sufficient for approval	
by	· · ·	
,	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
	Y 2ND, 2018	٠.
Dated Signature	Emilia alforso	
(By a) selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	EMILIO ALFONSO	
	(Typed or printed name of person signing)	
	PRESIDENT	.: A .
	(Title of person signing)	