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COVER LETTER 4

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	UNTIE LILI'S TRANSPORTATION INC
DOCUMENT NUMBER: P1600	
The enclosed Articles of Amendm	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
OLGA L C	OLON VALLE
ALINITEE	Name of Contact Person ILI'S TRANSPORTATION INC
AUNTEL	
01/1 000	Firm/ Company
8363 ODE3	
	Address
JACKSON	VILLE, FL 32216
	City/ State and Zip Code
kigano1426	@gmail.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
OLGA L COLON VALLE	at (904) 338-2314
Name of Contact P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
-	75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment Articles of Incorporation of



, .	
	Articles of Amendment
	Articles of Amendment to Articles of Incorporation of TION INC Name of Corporation as currently filed with the Florida Dept. of State)
	of (2)
AUNTIE LILI'S TRANSPORTA	TION INC
4	Name of Corporation as currently filed with the Florida Dept. of State
P.16000062337	
	(Document Number of Corporation (if known)
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(
A. If amending name, enter the	new name of the corporation:
AUNTIE LILI'S CHILD CARE C	ZENTER INC The new
"Inc.," or Co.," or the designat	contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," tion "Corp," "Inc," or "Co". A professional corporation name must contain the word lation," or the abbreviation "P.A."
B. Enter new principal office ad	
(Principal office address <u>MUST E</u>	<u>BE A STREET ADDRESS</u>)
C. Enter new mailing address,	if applicable:
(Mailing address MAY BE A	POST OFFICE BOX)
). If amending the registered as	 gent 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)
Man Parline 1000 A	
New Registered Office Ad	Adress: Florida (Zip Code)
	,,
New Registered Agent's Signatu	re, if changing Registered Agent:
hereby accept the appointment as	s registered agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Signature of tvew Registerea Agent, if changing
Check if applicable	
The amendment(s) is/are being	filed pursuant to s. 607.0120 (11) (e), F.S.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	VALLE, RAMON COLON	GI CALLE DOMINGO SILVA
Add			MAYAGUEZ, OC 00680
Remove			
2) X Change	VP	COLON VALLE, OLGA L	8363 ODEN AVE
Add			JACKSONVILLE, FL 32216
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if nee	onal Articles, enter change(s) here: essary). (Be specific)
provisions for implementing	an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:
(if not applicable, indicat	ė N/A)

•

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
Energy date <u>it applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the pepartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	."
	(voting group)
12/23/202 Dated	2
Signature	lga I. Color Valle
select	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
аррог	nted fiduciary by that fiduciary)
	OLGA L COLON VALLE
	(Typed or printed name of person signing)
	VP
	(Title of person signing)