P1100000 84429

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: YAHIMA SCHOO	L BUS SERVICE INC	
	BER: P16000084429		
	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	YAHIMA LEYVA COLLAZ	0	
		Name of Contact Persor	1
	YAHIMA SCHOOL BUS SE	RVICE INC	
		Firm/ Company	
	7387 W 34TH LN		
	· · · · · · · · · · · · · · · · · · ·	Address	
	HIALEAH, FL 33018		
		City/ State and Zip Code	0
	YAHIMALEYVA@YAHOO).ES	
	<u> </u>	sed for future annual report	notification)
For further informati YAHIMA LEYVA (on concerning this matter, pleas	se call:at (786	329-1427
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	ariment of State:
S35 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)
Ar Di P.o	ailing Address nendment Section vision of Corporations). Box 6327 Hahassee, FL 32314	Ament Division The C 2415 T	Address Innent Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

YAHIMA SCHOOL BUS SERVICE INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000084429		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must c	
B. Enter new principal office address, if applicable:	7387 W 34TH LN	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33018	
		76
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7387 W 34TH LN	<u> </u>
	HIALEAH, FL 33018	0
		====
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		03
Name of New Registered Agent		
(Florida s	treet address)	\$8° \cdot
New Registered Office Address: 7387 W 34TH LN HIAL	EAH, FL Florida 33	018
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familian		ition.
Signature of New	Registered Agent, if changing	

Check if applicable \square 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 Evecutive 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
D Change			
Add			
Remove			
2) Change			
Add			
Remove 3 1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o) Change			
Add			
Remove			

Attach <i>additional shee</i>	ets, if necessary).	(Be specific)	<u>e(s) here:</u>			
						
· · · · · · · · · · · · · · · · · · ·						
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· -			 	· · · · · · · · · · · · · · · · · · ·		
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				<u> </u>		
lf an amendment pro	ovides før an exch	ange, reclassific	ation, or cancel	lation of issued st	hares,	
provisions for imple	ementing the amei	ndment if not co	ontained in the a	mendment itself:	<u> </u>	
(if not applicable	e, indicate N/A)					
		·				
				·		
						
· · · · · · · · · · · · · · · · · · ·						

08/05/2020	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
tho more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ats, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
The amendment(s) was were adopted by the shareholders. The number of votes cast for the an by the shareholders was were sufficient for approval.	nendment(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The following must be separately provided for each voting group emitted to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'''	
(voting group)	
08/05/2020 Dated	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
YAHIMA LEYVA COLLAZO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	