## P17000018860

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Continue of Change
Certified Copies Certificates of Status
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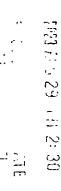




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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	HEAVYTRAC IN	C.		
DOCUMENT NUMBE	ER:	P17000018860			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		WILSON CONTRERA	NS		
_		Name of Contact Person	1		
		HEAVYTRAC INC.			
_	Firm/ Company				
		590 NW 130THWAY			
-		Address			
		PEMBROKE PINES, FL	33028		
_		City/ State and Zip Cod	e		
	oc	CONTRERAS@EQUITRA	.CSA.COM		
-	E-mail address: (to be us	sed for future annual report	notification)		
		.,			
For further information	concerning this matter, pleas	se call:			
WILSON CONTRERA	s	856 at (	383-0442		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	800 25	
\$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)	1	
Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

## Articles of Amendment to Articles of Incorporation of

HEAVYTRAC INC.

	HEAVYIKA	icine.	
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
	P17000018	860	
<u> </u>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviatio professional corporation name must contain	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S	TREET ADDRESS )		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BOX)	N/A	<u> </u>
D. If amending the registered agent ar new registered agent and/or the ner			,
Name of New Registered Agent	WILSON CONTRERAS		, ;;
Name of New Registered Agent	590 NW 130TH WAY		
	(Florida stre	et address)	29
New Registered Office Address:	PEMBROKE PINES	, Florida 33028	
fit is regulared office readings.	(	City) (Zip C	iode)
			-3 8
New Registered Agent's Signature, if c	hanging Registered Agent:		rri -
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position.	
(1	Inchw A	In In	
	Signature of New Re	gistered 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)

Example:

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.

X Change	B.L.	<u>John D</u>	<u>koe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		Name	<u>Addreş</u> s
1) Change	VP		Contreras, Oliver Alexander SR	590 NW 130TH WAY
Add				PEMBROKE PINES, FL 33028
X Remove				
2) Change		_		
Add				
Remove 3) Change		<del>_</del>		
Add				
Remove				,  
4) Change		<del></del>		
Add				
Remove				<del></del>
5) Change		_		
Add				
Remove				
6) Change		_		
Remove				

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	AUGUST 22, 2023	
Effective date if applicable: _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
AUGUS DatedSignature	ST 22, 2023 Wy July	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	WILSON CONTRERAS	و ب
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
		- 2 2