P170000 57561

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: OVALIZA TRAN	SPORTATION SERVICES	S, CORP.
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	ıbmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
F	REDDY ALEQUIN		
		Name of Contact Persor	1
N	ATIONAL ACCOUNTING	G & MANAGEMENT LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
1	PURLIEU PLACE SUITE	-	
		Address	
"	/INTER PARK, FL 32792		
_	<u> </u>	City/ State and Zip Cod	e
NATLA	ACCTG@YAHOO.COM		
	**	sed for future annual report	notification)
			,
For further information c	oncerning this matter, pleas	se call:	
FREDDY ALEQUIN		407	677-5157
Name of Contact Person		at (407)
ivame of	Contact rerson	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OVALIZA TRANSPORTATION SERVICES CORP.

` -	as currently filed with the Florida Dept. of State)
P17000057561	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
OVALIZA MOTORS CO	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1. 1 1. 4
(Studing undress STAT BE A TOST OF FICE 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 offi	
Name of New Registered Agent	
	(Florida street address)
Non Business I (VII) and Alberta	Planida
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		<u>—</u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>		
	- ····	
	· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	noment is not contained in the amendment itself:	

- · · ·	04/01/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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		
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
03/28/201	9	
Dated		
a: //		
Signature (By a c	firector, 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	
appoir	nted fiduciary by that fiduciary)	
	JULIO A OVALLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	