P180000033155

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R. WHITE

JUN 21 2021

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bast to West Multi Dervice Porp.
DOCUMENT NUMBER: P18000023155
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruben Galero
Name of Contact Person
Firm/ Company
11346 NW 3 Terrace
Address Mame FL 33/72. City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Buken Oalero at 786 445-6316 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

Boot to Wost Mus	laberince Corp.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P1800002315	<u>-</u>
(Document Number of C	ornoration (if known)
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Statutes</i> , the statutes of the statutes o	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: East to West Tro	ansportation Porp
name must be distinguishable and contain the word "corporation," "con" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p"chartered," "professional association," or the abbreviation "P.A."	rojessional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>11346 NW 3 Terrace</u> Mami Fl 33172
(Frincipus office dual ess interest int	Mane 7 33/72
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11346 NW 3 Terrace
(Mailing dudress MAT BE A TOST OT THE DUA)	11346 NW 3 Torrace Mami F1 33172
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s 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)
New Registered Office Address:	- Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered 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.

X Change	PT John I	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Jones			
X Add	SV Sally	<u>Şmith</u>			
Type of Action (Check One)	Title /	<u>Name</u>	//2	Address	
1) Change	<u> N/A</u>		N/A.	4	
Add	1		,		
Remove					
2) Change			<u></u>		
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change			<u> </u>		
Add					
Remove					
6) Change					
Add					
Remove					

	sheets, if necessary). (Be s	nter change(s) here: specific)			
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The date of each amendment(s) ad	option: $4/29/262/$, if other than the
date this document was signed.	11/20/2021
Effective date <u>if applicable</u> :	4/29/2021
	(no mbré than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
☐ The amendment(s) was/were approvided for a	roved 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 i	or the amendment(s) was/were sufficient for approval
by	
•	(voting group)
Dated	1/29/2021
Signature	74/
(By a di	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
арроше	a nuderary by that nuderary)
	Ruban Calaro
-	(Typed or printed name of person signing)
	President.
	(Title of person signing)