Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : 120140000047 Phone : (813)774-4726

Fax Number : (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BIENES TRANSPORT INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

From: Trucking Permits And More LLC

## **COVER LETTER**

| TO: Amendment Sec<br>Division of Corp |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|
| NAME OF CORPO                         | Bienes Transport I. RATION:                  | nc   |  |  |  |  |
| DOCUMENT NUM                          | DOCUMENT NUMBER:                             |  |  |  |  |  |
| The enclosed Articles                 | of Amendment and fee are su                  | bmitted for filing.  |  |  |  |  |
| Please return all corre               | espondence concerning this ma                | tter to the following:   |  |  |  |  |
|                                       | ANEY BIENES GALVEZ                           |  |  |  |  |  |
|                                       |  | Name of Contact Person   | 1  |  |  |  |
|                                       |  | Firm/ Company  |  |  |  |  |
|                                       | 1725 WEST POWHATAN AVE                       |  |  |  |  |  |
|                                       | Address                                      |  |  |  |  |  |
|                                       |  | City/ State and Zip Code   | c  |  |  |  |
|                                       |  |  |  |  |  |  |
|                                       | E-mail address: (to be us                    | sed for future annual report                                       | notification)  |  |  |  |
| For further information               | on concerning this matter, pleas             | se call.   |  |  |  |  |
|                                       |  | al f   | ì  |  |  |  |
| Name                                  | of Contact Person                            | Area Co  | )<br>de & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for               | or the 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) |  |  |  |
| Mailing Address Amendment Section     |  | Street Address Amendment Section                                   |  |  |  |  |
|                                       | ision of Corporations                        | Division of Corporations   |  |  |  |  |
| P.C                                   | ). Box 6327                                  | The Centre of Tallahassee  |  |  |  |  |
| Tallahussee, FL 32314                 |  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303          |  |  |  |  |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

## Articles of Amendment to Articles of Incorporation of

| Bienes Transport Inc  |  |
|---|--|
| (Name of Corporation as current<br>P18000045442   | ly filed with the Florida Dept. of State)                      |
| (Document Number of   | of Corporation (if known)                                      |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Floridu Profit Corporation adopts the following amendment(s) t |
| 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 contain the word          |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Tumpa, FL 33603  |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)   | 1725 WEST POWHATAN AVE Tampa, FL 33603                         |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.  Name of New Registered Agent                                     |  |
|   |  |
| (Florida st   | reet oddress)  |
| New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar                                 | with and accent the abhantions of the position -:              |
|   | STATE<br>CORIE   |
| Signature of New K  | 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:

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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             | <u>PT</u>   | John Doe          |                        |
|----------------------|-------------|-------------------|------------------------|
| X Remove             | <u>V</u>    | Mike Jones        |                        |
| X Add                | <u>sv</u>   | Sally Smith       |                        |
| Type of Action       | Title       | <u>Name</u>       | Address                |
| (Check One) X        | P           | GARCIA YERA, LETY | 1725 WEST POWHATAN AVE |
| I) Change            |             |                   | TAMPA FL 33603         |
| Add                  |             |                   |                        |
| Remove               |             |                   |                        |
| 2) Change            |             |                   |                        |
| Add                  |             |                   |                        |
| Remove<br>3 ) Change |             |                   |                        |
| Add                  |             |                   |                        |
| Remove               |             |                   |                        |
| 4) Change            |             | _                 |                        |
| Add                  |             |                   |                        |
| Remove               |             |                   |                        |
| 5) Change            |             |                   |                        |
| , Add                | <del></del> |                   |                        |
| Remove               |             |                   |                        |
| 6) Change            |             |                   |                        |
| Add                  |             | <del> </del>      |                        |
| Remove               |             |                   |                        |
| rcmove               |             |                   |                        |

Page: 6 of 7

| Attach <i>addition</i>        | adding additional Artic<br>il sheets, if necessary). | (Be specific)       |                      |                      |          |
|-------------------------------|--|---------------------|----------------------|----------------------|----------|
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| fan amendme                   | nt provides for an excha                             | ange, reclassificat | tion, or cancellatio | on of issued shares. | :        |
| provisions for<br>(if not app | implementing the amen<br>licable, indicate N/A)      | dment if not con    | tained in the ame    | rdment itself:       |          |
| 0 1                           | •  |                     |                      |                      |          |
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|                               |  |                     |                      |                      |          |

## 12/16/21

| The date of each amendment(s date this document was signed.        | s) adoption:  | , if other than the                              |
|--|---|--|
| Effective date <u>if applicable</u> : _                            |   |  |
|  | (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 Department of State's records   | date will not be fisted 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 a   | ction and shareholder                            |
| ☐ The amendment(s) was/were<br>by the shareholders was/wer         | adopted by the shareholders. The number of votes cast for the amendme e sufficient for approval.  | nt(s)  |
|  | approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):  | ement  |
| "The number of votes of  | ast for the amendment(s) was/were sufficient for approval   |  |
| by   | (voting group)  |  |
|  |   |  |
| Dated12/16   | 1/21  |  |
| Supature   | Lehy Garcia Yera  |  |
| (By<br>sele  | a director, president or other officer - if directors or officers have not become a incorporator - if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary)  GARCIA YERA, LETY |  |
|  | (Typed or printed name of person signing) PRESIDENT   |  |
|  | (Title of person signing)   | V.S. IAS   |
|  |   | FILED  2021 DEC 16 A  SEATH WAY OF TALL AHASSEE. |
|  |   | FILED<br>216 A<br>XSSEE                          |
|  |   | - 기료 🗩 🗩   |