

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Only, Control 2, p. 1, which is, y
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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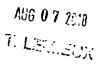


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SECRETARY F STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERICA BUS C	CHARTER, CORP.	
DOCUMENT NUMB	ER: P18000065567		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
ı	NELSON LEYVA		
-	NELSON LEYVA	Name of Contact Person	1
-	15125 SW 305 TERR	Firm/ Company	
-	HOMESTEAD, FL 33033	Address	
-		City/ State and Zip Code	e
NELS	ONLEYVA40@YAHOO.C	OM sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
NELSON LEYVA		786 at (
	f Contact Person the following amount made p		de & Daytime Telephone Number
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section tion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliffon 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

AMERICAN BUS CHARTER, CORP.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000065567	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	IVO
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
N/A	_
Name of New Registered Agent	
——————————————————————————————————————	reet address)
N/A	eer address)
New Registered Office Address:	(City) Florida (Zi Zide)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	වීසි 🗓
Signature of New I	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 <math>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>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	Р	_	FRANCISCO LEYVA	947 E 22 ST
Add				HIALEAH, FL 33010
X Remove				
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
Kemove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

	08/02/2018	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this be document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the articlent for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and	
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and share	cholder
08/02/2018 Dated		
Signature	rector, president or other officer - if directors or officers hav	e not been
selected	by an incorporator – if in the hands of a receiver, trustee, or diduction by that fiductions)	
	NELSON LEYVA	
	(Typed or printed name of person signing)	
	P	
•	(Title of person signing)	