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## COVER LETTER

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TO: Amendment Section Division of Corporations

# NAME OF CORPORATION: \_\_\_\_

DOCUMENT NUMBER: PI8000088108

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AB ALL SERVICES INC

Name of Contact Person

GISELA MUNOZ

Firm/ Company

1100 W 29TH ST SUITE C

Address

HIALEAH, FL 33012

City/ State and Zip Code

AB1100@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISELA MUNOZ	at ( <sup>305</sup> )	8821238
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

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address 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 of

LIVI TRANSPORT CORP

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P18000088108

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

### B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

			2021	-
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 office address:			11 11	میں ہے۔ جنوعے ' جنوعے ہے۔ ہے ج
Name of New Registered Agent		<u></u>	- 1	
	27914 SW 131 ST AVE	$[m_{ij}]$	 	$\Box$
	(Florida street address)		$\sim$	
New Registered Office Address:	NARANJA, Florida	33032	0	***
	(City)	(Zip (	Code)	

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.

Signature of New Registered 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. Example:

<u>X</u> Change	<u>PT John</u>	Doe	
X Remove	<u>∨ Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	Address
1) X Change	P	LIVAN SUAREZ	27914 SW 131ST AVE
Add			NARANJA, FL 33032
Remove			- <u></u>
2) Change		<u></u>	
Add			<u> </u>
Remove	<u></u>	<u></u>	
Add			
Remove			
4) Change			
Add			
Reinove			
5) Change			
Add			
Remove			
6) Change	. <u> </u>		······
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or concellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

01-14-2021	
The date of each amendment(s) adoption:, if oth date this document was signed.	er than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidecument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
by"	
Ol-14-2021 Dated Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LIVAN SUAREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_