P1800097455

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()	Address)
(<i>i</i>	Address)
((City/State/Zip/Phone #)
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(I	Document Number)
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07/22/24--01020--016 ++52.50



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OLAS CARGO, INC

DOCUMENT NUMBER: P18000097455

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

Please return all correspondence concerning this matter to the following:

LIUVA MIRTHA SOSA MARTIN

Name of Contact Person

OLAS CARGO, INC.

Firm' Company

9611 FONTAINEBLEAU BLVD

Address

MIAMI, FL 33172

City-State and Zip Code

INFO@GROUPS.PLUS

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

For further information concerning this matter, please call:

LIUVA MIRTHA SOSA MARTIN	at (704-5823
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

LI\$43.75 Filing Fee & Certificate of Status U\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

ÓLAS CARGO, INC.			
(Name of Corporation as cur	rently filed with the Florida Dept.	of State)	
P18000097455			
(Document Num	ber of Corporation (if known)		_
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>		
OLAS INTERNATIONAL SERVICES, INC.		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 "i B. Enter new principal office address, if applicable:	". A professional corporation nan	the abbreviation - Corp., ac must contain the word	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			G
C. Enter new mailing address, if applicable:	N A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	<u> </u>	22	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name		
	u <u>ress:</u>	:	
Name of New Registered Agent			
	da su cet addressi		

<u>New Registered Office Address:</u>______, Florida______, Florida______ (City) (Zip Coder______)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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. . .

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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:

 $P \rightarrow President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief$ 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

<u>PT</u> X Change <u>John Doe</u> X Remove V Mike Jones <u>X</u> Add \underline{SV} Sally Smith Address Type of Action Title <u>Name</u> (Check One) NtA11 ____ Change _____ Add ____ Remove 2) ____ Change _____ Add Remove [3] Change _____ Add _____ Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add _____ Remove

Е. <u>Н'алк</u>	nding or adding additional Art	ticles, enter change(s) here
(Attacl	(additional sheets, if necessary)	(Re-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)

 $\mathbf{N}_{\mathbf{A}}$

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_

The date of each amendment(s) adoption: _	, if other than the
date this document was signed.	

Effective date if applicable:

tho 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 listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CH

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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

(voting group)

202 07 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)

14UVA MIRTHA SOSA MARTIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

COVER LETTER

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