## P18000101895

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: La Morita Transpor	rtation inc			
DOCUMENT NUM	BER: P18000101895	·			
The enclosed Article.	s of Amendment and fee are su	bmitted for filin	g.		
Please return all corre	espondence concerning this ma	tter to the follow	ving:		
	Nina N Lopez				
		Name of Co	ntact Person	· · · · · · · · · · · · · · · · · · ·	
	Vice President	t			
		Firm/ Company			
	1716 NE juanita place				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Cape coral,Fl 33909				
		City/ State a	nd Zip Code	•	
	ninalopez2003@gmail.com				
	E-mail address: (to be us	sed for future ar	nual report	notification)	
For further informati	on concerning this matter, pleas	se call:			
Nina N Lopez		at (	786	4136270	
Name	of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the F	lorida Depa	irtment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

FILED

La Morita Transportation inc				
(Name of Corporation as current	tly filed with the Florida Dept. of Blate CT - PH 4: 07			
P18000101895	SECRETARY OF STATE			
(Document Number	of Corporation (if known) TALLAHASSEE, F.			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
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:	1716 Ne Juanita place			
(Principal office address MUST BE A STREET ADDRESS)	Cape coral, FL 33909			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1716 Ne Juanita place			
	Cape coral, Fl 33909			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the			
(Florida s	street address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.			
Signature of New	Registered Agent, if changing			
Check if applicable				

Check if applicable

<sup>☐</sup> 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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>p</u>	Cabrera Hurtado, Luis Roberto	1759 four mile cove apto 414
Add			Cape coral, fl 33990
X Remove			
2) X Change	p	Nina Lopez	1716 Ne juanita place
Add			Cape coral, Fl 33909
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			473 474 474 474 474 474 474 474 474 474
Remove			

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	09/23/2020	ie a la la
The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
_	3/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame fficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
09/23/2020 Dated		
selecte	irector president or other officer – if directors or officers have in the president of the president of the hands of a receiver, trustee, or ced fideciary by that fiduciary)	
	Nina N Lopez	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	