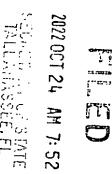
P19000011583

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Office Use Only

1/21/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: RBW TRANSPOR	RT INC	
	NUMBER: P19000011583		
The enclosed A	rticles of Amendment and fee are su	ibmitted for filing.	
Please return all	l correspondence concerning this ma	itter to the following:	
	MILMA LEYVA QUEUA		
		Name of Contact Person	1
	RBW TRANSPORT INC		
		Firm/ Company	
	5753 W 15 CT		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	2
	rbwtransport1@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further info	rmation concerning this matter, plea	se call: at (at (416-3576
ì	Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a ch	neck for the following amount made	payable to the Florida Depa	artment of State:
S35 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

2022 OCT 24 AM 7: 52

RBW TRANSPORT INC (Name of Corporation as currently filed with the Florida Dept. of State) (A) P19000011583 (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: N/A 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." 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/Λ (Mailing address MAY BE A POST OFFICE BOX) 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: MILMA LEYVA QUEIJA Name of New Registered Agent 5753 W 15 CT (Florida street address) HIALEAH New Registered Office Address: . Florida (City) 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.

w 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:

X Change	<u> </u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MANUEL GONZALEZ GONZALE	5753 W 15 CT
Add		, 	HIALEAH, FL 33012
X Remove			
2) X Change	P	MILMA LEYVA QUEIJA	5753 W 15 CT
Add			HIALEAH, FL 33012
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		The state of the s	
Add			
Remove			

(Attach add	g or adding addit itional sheets, if ne	evessary). (Be spe	cific)			
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If an amen	dment provides f	or an exchange, rec	classification or	cancullation of icen	ud charm	
provision	s for implementin	g the amendment i	f not contained i	n the amendment i	teolf:	
(if not	applicable, indica	ite N/4)			T. C.	
A	. , , ,	,				
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	N/A
The date of each amendment	• • • • • • • • • • • • • • • • • • • •
date this document was signed	
Effective date if applicable:	N/A
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of vote:	cast for the amendment(s) was/were sufficient for approval
by	.
· ———	(voting group)
Dated	10/18/2012
Signature	Culy !
(H	y a director, president of other officer – if directors or officers have not been lected, by an inequiporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MILMA LEYVA QUEIJA
	(Typed or printed name of person signing)
	VP
	(Title of person signing)