# P19000028293

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#### COVER LETTER

TO: Amendment Section Division of Corporations

## D LAKSH HANDELING SERVICES INC

P19000028293 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

LUIS F JACOBO

Name of Contact Person

JACOBO & ASSOCIATES INC

Firm/ Company

701 PROMENADE DRIVE, STE 110

Address

PEMBROKE PINES, FL 33026

City/ State and Zip Code

INFO@JACOBOTAX.COM

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

For further information concerning this matter, please call:

at (<u>305</u>) <u>550-00-77</u> Area Code & Daytime Telephone Number LUIS F JACOBO Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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

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

#### D LAKSH HANDELING SERVICES INC

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

P19000028293

(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	The new
name must he distinguishable and contain the word "corporation," "company, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess "chartered," "professional association," or the abbreviation "P.A."	" or "incorporated" or the abbreviation "Corp.," ional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. <u>If amending the registered agent and/or registered office address in Fl</u> <u>new registered agent and/or the new registered office address:</u> <u>Name of New Registered Agent</u>	lorida, enter the name of the
(Florida street addres	
<u>New Registered Office Address;</u> (City)	, Florida (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)

Example:

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.

X Change  $\mathbf{PT}$ John Doe X Remove  $\underline{V}$ Mike Jones <u>X</u> Add SV Sally Smith ţ Type of Action Title Address Name (Check One) 19841 NW 86TH AVE VΡ CYNTHIA D MARINEZ 1) \_\_\_\_ Change X\_\_\_\_Add HIALEAH, FL 33015 \_\_\_\_ Remove 2) \_\_\_\_ Change 2023 JUN 16 NM 9: 23 Add Remove 3) \_\_\_\_ Change Add Remove 4) \_\_\_\_ Change Add Remove 51 \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

E.	If amending or	r adding	additional Articles,	enter	change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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N/A

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1.7	6	
1. If an anticident provides for an ecchange, relation of the transmission of the second seco	بية المبية	-	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		- 7	ہے۔
(ij not applicable, indicale NA)	rí T		أحييها ا
N/A	[T1 ]	œ	
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		[77]	
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The date of each amendment(s) date this document was signed.		, if other than the
06 Effective date <u>if applicable</u> :	/12/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action an	nd shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. <i>The following statement</i> or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A		
~.	(voting group)	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
ماياير	YADER J VALERIO SILVA	SEC
	(Typed or printed name of person signing)	
	PRESIDENT	AHA
	(Title of person signing)	AH 9: 23 OF STATE SEF, FL