## P19000086348

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•	COVER LETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: ARVS TRANS	CORP
DOCUMENT NUMBER: 84-3770547	
The enclosed Articles of Amendment and fee are:	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
ALFREDO R VALLADAI	RES
<del></del>	Name of Contact Person
	Firm/ Company
6231 W 24 AVE APT 205	/ Time Company
	Address
HIALEAH FL 33016	
	City/ State and Zip Code
arvstranscorp(a)yahoo.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
ALFREDO R VALLADARES	at () 763-4266  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of Status	
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

(Name of Corporation as curre	ntly filed with the Florida Dept. of S	State)		
(Document Numbe	r of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	ais Florida Profit Corporation adopts	the followin	g amendm	ent(s) to
A. If amending name, enter the new name of the corporation:				
N/A			_The ne	
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.	<ul> <li>A professional corporation name</li> </ul>	ie abbreviatio must-contai	on "Corp., n the wor	·d
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
			~·	
		·	021	, ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
(Mutting dutiess MAT DE ATSOT WITTED BOSS)			126	• • •
		· · · · ·	PH 6:	بسد ، ادو ، -
D. If amending the registered agent and/or registered office:	address in Florida, enter the name c	of the	2	
new registered agent and/or the new registered office add	ress:		6	
Name of New Registered Agent			_	
(Florid	a street address)		<del></del>	
New Registered Office Address:	, FI	orida		_
	(City)	(Zip	Codel	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family Signature of N	gent: liar with and accept the obligations of ew Registered Agent, if changing	the position		
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (0), 15.8.			

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:

 $P-President; \ \widetilde{V}=Vice\ President; \ \widetilde{T}-Treasurer; \ S=Secretary; \ D=Director; \ TR-Trustee; \ C-Chairman\ or\ Clerk; \ CEO=Chief$ 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>PT</u>	John Doc	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	BEATRIZ CONDE	6505 W 27 AVE APT 23
X Add		<del></del>	HIALEAH FL 33016
Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional Articles, enter change(s) here: s, if necessary). (Be specific)	
DD BEATRIZ CONDE VICE PRESIDENT.		
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· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
·		
16	vides for an exchange, reclassification, or cancellation of issued shares,	
nrovisions for imple	menting the amendment if not contained in the amendment itself:	
(if not applicable	, indicate N/A)	

	ntion:, if other than the
The date of each amendment(s) ado date this document was signed.	ption:, if other than the
01/01/	2021
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
ALFREDO R VALLAI	DARES
by	(voting group)
01/20/2021 Dated Signature	alimil'
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ALFREDO R VALLADARES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)