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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KAEKE	50VAJJ TR	CANSPORTATION
DOCUMENT NUMBI	ER:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma-	tter to the following:	
_	KARL HAR	Name of Contact Persor	1
-	KAEKE SON	/AJJ TRAYS F	PORTATION INC.
_	8950 WES	T SAMPLE R Address	?D
-	CORAL SPR	City/ State and Zip Code	<u>3065</u>
-	KARL ACBERT O E-mail address: (to be us	1900 amail.co and for tuture annual report	notification)
For further information	concerning this matter, pleas	se call:	
KARL HARI	Y ALBERT	at (764	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
inclosed is a check for	the following amount made	payable to the Florida Depa	artment 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			Address Iment Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303	

Articles of Amendment to Articles of Incorporation

Articles of Amendment	
to Articles of Incorporation	FILED
of	2021,007.00
KAEKE SOVAJJ TRANSPORTATION INC	2024 OCT 22 PH 5: 18
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P200000 36065	
(Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation:	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
THE ALBERTS KARLUX INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "incor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpo "chartered," "professional association," or the abbreviation "P.A."	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, entonew registered agent and/or the new registered office address:	er the name of the
Name of New Registered AgentN/A	
(Florida street address)	
New Registered Office Address: N/A	, Florida M/A
(City)	(Zhp Code)
New Registered Agent's Signature, if changing Registered Agent:	
The way accept the appointment as registered agent. I am familiar with and accept the o	bligations of the position.
•	
ı	
Signature of New Registered Agent, if cl	
Signature of New Registered Agent, if ch	hanging

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: <u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) A Change	N/A	<i>N/</i> A
Ala Add	,	· ·
Remove		
2) A Change	N/A N/A	N/A
Add Add		
Remove 3) Change	N/A N/A	~/A
M/A Add	•	
A Remove		<u> </u>
4) MA Change	N/A N/A	<i>N/A</i>
NA Add		
N/A Remove	2/2	
5) MAChange	<u>N/A</u> <u>N/A</u>	
Ald Add		
6) MAChange	N/A N/A	N/A
A/A Add		
Remove		

	I sheets, if necessary). (Be specific)
	N/A
	
···	
	
F	A provides for an avalance realessification or concellation of issued charac
ran amenumen provisions for i	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:
(if not appli	cable, indicate N/A)
(3	• · · · · · · · · · · · · · · · · · · ·
	<i>N/A</i>
	•
	
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•

	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(By a di selected	PLOSA ALBERT rector, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other conditional distributions of the distribution of the following statement of the f	
	KARL HARDY ALBERT	
	(Typed or printed name of person signing)	
	TITLE MOR	
	(Title of person signing)	