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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: ______

DOCUMENT NUMBER: P20000070045

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

Please return all correspondence concerning this matter to the following:

MARGARITA LORENZO

Name of Contact Person

ML& JC SERVICES INC

Firm/ Company

9375 FONTAINEBLEAU BLVD APT L406

Address

MIAMI, FL 33172

City/ State and Zip Code

mltaxservices@hotmail.com

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

For further information concerning this matter, please call:

 MARGARITA LORENZO
 at (786)
 449-1215

 Name of Contact Person
 Area Code & Daytime Telephone Number

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 S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) . .

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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

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THE KING FAMILY TRANSPORT INC	2147 t 20 <u>011 2:05</u>
(Name of Corporation	as currently filed with the Florida Dept. of State)
20000070045	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor-	poration:
KING FAMILY TRANSPORT INC	The new
name must be distinguishable and contain the word "corp "Inc.," or Co" or the designation "Corp." "Inc." "chartered." "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	NIA RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent NA	
	(Florida street address)
<u>New Registered Office Address:</u>	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
	anire of New Recustered Agent if changing
Signa	ature of New Registered Agent, if changing

Check if applicableThe amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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)

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Please note the officer/director title by the first letter of the office title:

John Doe

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

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P<u>T</u>

X Remove	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	v	JENNIFER HAWKINS CASTILLO	14031 SW 56TH TERR
X Add			MIAMI, FL 33183
Remove			
2) Change			
Add	_		
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

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

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

NA

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

AIL -

.....

	09/01/2020	Call - show the
The date of each amendment(s) ad date this document was signed.	option:	, if other than th
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 Deg	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
09/17/2020 Dated		
Signature	PCAMPAC	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ERNESTO CAMPANERIA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)