## P20000078939

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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: M J CABEO TRANSPORT INC DOCUMENT NUMBER: P20000078939 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARISNELIS CASTILLO Name of Contact/Person 104 BROWN DR Address SANFORD FL 32773 City/ State and Zip Code

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

For further information concerning this matter, please call:

MARISNELIS CASTILLO

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

castillomaris120@gmail.com

□\$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

M J CABEO TRANSPORT INC

(Name of Corporation	on as currently	filed with the Florida I	Dept. of State)	
P20000078939				
(Docum	nent Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Corporatio	n adopts the follo	wing amendn
A. If amending name, enter the new name of the co	prporation:			_
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A			
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	( <u>X</u> )			
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ss in Florida, enter the	name of the	
Name of New Registered Agent				•
				-
	(Florida stree	t address)		<del></del> ÷
New Registered Office Address:			, Florida	
	(0	City)		Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	I am familiar wi	th and accept the obliga		on.
-	mare of them Mes	anereu agent, y chungi	'' <b>'</b> 5	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 6	607.0120 (11) (c	), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nar 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) Change	D	MARISNELIS CASTILLO	104 BROWN DR			
X Add			SANFORD FL 32773			
Remove						
2) Change						
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

THACH U	dditional sheet:	s, if necessary)	). (Be specif	ic)				
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fanam	endment prov	ides for an ex	change recla	ssification o	r cancellation	of issued sha	res	
provisio	ons for implen	nenting the an	nendment if r	ot contained	in the amend	ment itself:		
(if r	ot applicable,	indicate N/A)			•			
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			· · · · · · · · · · · · · · · · · · ·					

The date of each amendment(s) ad date this document was signed.	option:	, if other
Effective date if applicable:	(no more than 90 days after amendmen	nt 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 r	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	ated by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast	or the amendment(s) was/were sufficient for appro-	val
by	(voting group)	
Dated     -	1-2020	
Signature	G D	
selected	ector, president or other officer – if directors or off, by an incorporator – if in the hands of a receiver, to diductary by that fiductary)	
	Marisnelis Castill	ő
	(Typed or printed name of person signing	g)
	(Title of person signing)	
	( rine or person signing)	