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COVER LETTER

TO: Amendment Se Division of Cor			
NAME OF CORPO	DRATION: MJ CABEO TRA	NSPORT INC	
DOCUMENT NUM	1BER:		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma 2 LARTNEP	utter to the following:	
	JOSE A. RAMIREZ OSORI		
		Name of Contact Perso	n
	M J CABEO TRANSPORT	INC	
	· · · _ ·	Firm/ Company	
	1040 ALAMEDA DR		
		Address	
	LONGWOOD, FL 32750		
		City/ State and Zip Cod	e
	MARISNELIS918@YAHOO	D.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se cal): at (754-1912
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	543.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 M	Address inent Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation oſ M J CABEO TRANSPORT INC (Name of Corporation as currently filed with the Florida Dept! of State) P20000078939 (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 name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cu". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." <u>1040 ALAMEDA DR</u> B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LONGWOOD, FL 32750 C. Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX) <u>1040 ALAMEDA DR</u> LONGWOOD, FL 32750 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: JOSE A. RAMIREZ OSORIO Name of New Registered Agent 1040 ALAMEDA DR (Florida street address) Florida 32750 LONGWOOD New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: i kereby 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 amondment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

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The new

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	MARISNELIS CASTILLO	104 BROWN DR
Add X Remove			SANFORD, FL 32773
2) Change	PRES	JOSE A. RAMIREZ OSORIO	1040 ALAMEDA DR
X Add			LONGWOOD. FL 32750
3) Remove			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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E. If amending or adding additional Articles, enter change(s) here:		
(Autach additional sheets, if necessary). (Be specific)		
N/A		<u>.</u>
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F. If an amendment provides for an exchange, reclassification, or cancellating provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the ame (if not applicable, indicate N/A)		
F. If an amendment provides for an exchange, reclassification, or cancellating provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A) N/A		
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The date of each amendment(s) adoption: 1132021 , i date this document was signed. 1132021 , i Effective date if applicable: 1132021 , i (no more than 90 days after amendment file date)	f other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	cholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
	AVISION OF CORPORATION