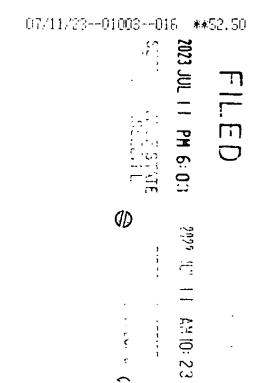
P20 0000 92173

	(Requestor's Name)	
	(Addross)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P	MAIL
		_
	(Business Entity Name)	
	(Document Number)	
Certified Conies	Certificates of	Status
Collined Copies	Confinedics of	<u> </u>
Special Instructions to	Eiling Offices	
Special instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JY NAVAS TRAN	SPORT INC		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JOSE A NAVAS			
		Name of Contact Person		
	JY NAVAS TRANSPORT INC			
		Firm/ Company		
	3390 58TH AVE NE			
		Address	<u> </u>	
	NAPLES FL 34120			
		City/ State and Zip Code		
	JYNAVASTRASNPORT@C	GMAIL.COM		
		sed for future annual report	notification)	
For further information	n concerning this matter, plea-	se call:		
JOSE A NAVAS	•		265-1630	
Name of Contact Person		at (239) 265-1630 Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JY NAVAS TRANSPORT INC			
(Name o	of Corporation as currer	itly filed with the Florida De	pt. of State)
P20000092173			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Sorp, " "Inc," or "Co".	A professional corporation	" or the abbreviation "Corp.,"
P. Enter new principal office address			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		NAPLES FL 34120	·
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3390 58TH AVE NE	= =
		NAPLES FL 34120	P
D. If amending the registered agent ar new registered agent and/or the new			ame of the
Name of New Registered Agent JOSE A NAV			
	3390 58TH AVE NE		
	(Florida	street address)	
New Registered Office Address:	NAPLES		. Florida 34120
		(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	hanging Registered Age tered avent. I am familia	nt: r with and accept the obligation	ons of the position.
Thereby descept the approximent an regime	/		<i>J</i> 1
	4		
		n · · · · · · · · · · · · · · · · · · ·	
	Signature of New	Registered Agent, if changing	

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.

X Change	<u>PT</u> <u>Johi</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	MANAC	YANISLEIDI PENA	4990 44TH ST NE
Add			NAPLES FL 34120
X Remove			
2) Change	PT	JOSE A NAVA S	3390 58TH AVE NE
X Add			NAPLES FL 34120
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Articles, enter change</u> (Attach additional sheets, if necessary). (Be specific)			
removing all rights of management from Yanisleidi Pena I	Figueredo		
		<u></u>	
			<u> </u>
	**		· · · ·
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If a second second second for an archange goaluggifica	tion or cancellativ	an af iccued chares	
If an amendment provides for an exchange, reclassifica provisions for implementing the amendment if not con	itained in the ame	ndment itself:	
(if not applicable, indicate N/A)			
	<u>-</u>		
			
		-	
		<u></u>	
			<u> </u>

.

•	07/10/2023	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
05/22/20	23	
Effective date <u>if applicable</u> :	(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block document's effective date on the Depart		ig requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes ent for approval.	cast for the amendment(s)
	ed by the shareholders through voting group h voting group entitled to vote separately on	
"The number of votes cast for	he amendment(s) was/were sufficient for ap	proval
by		···········
,	(voting group)	
07/10/2023 Dated	ful	
selected, by	or, president or other officer – if directors or an incorporator – if in the hands of a receividuciary by that fiduciary)	
_	Tope A Navas (Typed or printed name of person sign	gning)
Pre	sident	
	(Title of person signing)	

AFFIDAVIT:

The State of Florida
County of Collier

Nose Antonio Navas Aquilor president JY NAVAS Transport Inc a Trucking Company in 2060 Everglades Blud S, Naples H34117 MAKE OATH AND SAY THAT:

I I memore any right of Management, buse the bussines name of operate any type of ativity. I did not authorized ther to amend my corporation on my anual report. In the only owner of The Company and member.

STATE OF FLORIDA

County of Collier

SUBSCRIBED AND SWORN TO BEFORE ME, BY JOSE A. Wavas

Signature:

On the 10 day of July 2023.

Signarure:

NOTARY PUBLIC

My commission Expires: <u>(0/06/2025</u>

TITLE President

BLANCA L GUERRERO
Notary Public-State of Florida
Commission # HH 182023
My Commission Expires
October 06, 2025