Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

: (407)326-8484

Fax Number : (407)604-6519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@medeirossouza.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN SEVEN MILES TRANSPORT, INC

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	SEVEN MILES TR	ANSPORT, INC			
	P20000095521			1000	
DOCUMENT NUMBER:				·	
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
RUBEM SOUZA					
		(Name of Contact Pe	erson)		
MEDEIROS SOUZA COR	Р				
		(Firm/ Company	ý)		
1711 AMAZING WAY ST	TE 213				
		(Address)			
OCOEE, FL 34761					
-		(City/ State and Zip	Code)		
CONTACT@MEDEIROS	SOUZA.COM				
	-mail address: (to be used	for luture annual rep	ort notification	n)	
For further information con-	cerning this matter, please	call:			
RUBEM SOUZA		21	407	3268484	
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pa	ayable to the Florida l	Department of	State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is used)	
<u>Mailing /</u> Amendme	Address ent Section	Street Address Amendment Section			
Division of	Division of Corporations				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of Amendment to	2024 DEC 16
	Articles of Incorporation of	
SEVEN MILES TRANSPORT, INC		MANAGE A
Name of Corporation as currently filed with the	Florida Dept. of State)	
P20000095521		
(Docume	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:	 -	
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	-
	 -	
		
D. If amending the registered agent and/or regist		enter the name of the
new registered agent and/or the new registered	MEDEIROS SOUZA CORP	
Name of New Registered Agent:		
-	1711 AMAZING WAY STE 213	<u> </u>
New Registered Office Address:	tFlor	eida street address)
	OCOEE	Florida
-	(City)	Florida (Zip Code)
N. D. Lee Lee and D. L. Company	·	•
	egistered Agent:	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	Lam familiar with and accept th	he obligations of the position.
New Registered Agent's Signature, it changing Re I hereby accept the appointment as registered agent.	I am familiar with and accept the	he obligations of the position. 1

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2024-12-16 16:45:26 GMT

14076046519

From: RUBEM SOUZA

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: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	D	Marco Aurelio F Leite	44 Granite City Ave Saint Johns, FL 32259
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional sheet	g additio	onal Articles, enter change(s) here: issury). (Be specific)	

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ne date of each amendment te this document was signed	(s) adoption: ___\	122/2024			if other than the
	11/22/2024				
fective date <u>if applicable</u> :	(no mor-	e than 90 days afte	r amendment file (date)	
ote: If the date inserted in th					ill not be listed as the

2024-12-16 16:45:26 GMT

14076046519

From: RUBEM SOUZA

document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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From: RUBEM SOUZA

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
Dated _	11/22/2024				
Signature	Miguel Matheus				
}	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	Miguel Matheus				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				