## P21000010314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL
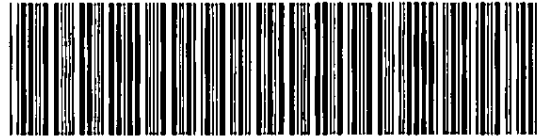
(Business Entity Name)

(Document Number)

Certified Copies _____      Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

## COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: EL VIEJO TRANSPORT INC.

DOCUMENT NUMBER: P21000010314

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

Please return all correspondence concerning this matter to the following:

Miguel Laureano
          Name of Contact Person

          Firm/ Company

303 Foxboro Cir
          Address

Deltona, FL 32738
          City/ State and Zip Code

elviejotransportinc @gmail.com
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Laureano     at ( 386 ) 957-2471
    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 &     ☐ $43.75 Filing Fee &     ☐ $52.50 Filing Fee
                   Certificate of Status        Certified Copy           Certificate of Status
                                  (Additional copy is          Certified Copy
                                  enclosed)              (Additional Copy
                                                   is enclosed)

**Mailing Address**                 **Street Address**
Amendment Section            Amendment Section
Division of Corporations         Division of Corporations
P.O. Box 6327                   The Centre of Tallahassee
Tallahassee, FL 32314          2415 N. Monroe Street, Suite 810
                                  Tallahassee, FL 32303

**Articles of Amendment**
to
**Articles of Incorporation**
of

EL  VIEJO  TRANSPORT  INC
_____
**(Name of Corporation as currently filed with the Florida Dept. of State)**

P21000010314
_____
(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:**

_____*The new* *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 "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS )*

_____

_____

_____

**C. Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

_____

_____

_____

**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:**

*Name of New Registered Agent*   _____

_____
*(Florida street address)*

*New Registered Office Address:* _____, Florida_____
                                              *(City)*                                    *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby 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 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.*

**Example:**

| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change  ✓ Add  ___ Remove | VP | Gloria Laureano | 2598 Collingswood Dr Deltona, FL 32738 |
| 2) ___ Change  ✓ Add  ___ Remove | M | Jose M Laureano | 2309 Howland Blvd Deltona, FL 32738 |
| 3) ___ Change  ___ Add  ___ Remove | | | |
| 4) ___ Change  ___ Add  ___ Remove | | | |
| 5) ___ Change  ___ Add  ___ Remove | | | |
| 6) ___ Change  ___ Add  ___ Remove | | | |

**E. If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*).    *(Be specific)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**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)*

Miguel Laureano 50%

Gloria Laureano 25%

Jose M Laureano 25%

_____

_____

_____

**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**Effective date if applicable:** ___05- 24 - 2021___

*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)**          **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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

by _____."

*(voting group)*

Dated ___06 - 18 - 2021___

Signature ___Miguel Laureano___
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

___Miquel Laureano___
(Typed or printed name of person signing)

___President___
(Title of person signing)