Division of Corporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11210001658943)))



H210001658943ARC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AB ALL SERVICES INC Account Number : IZ0200000155

Account Number : 120200000155 Phone : (305)802-1230

Fax Number

: (305)882-1268

4 9: 22

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

Emmil Address:

CLAY -3

COR AMND/RESTATE/CORRECT OR O/D RESIGN D & POSTAL TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2021 HAY -3 PH I2: 20 SECRETARY OF STATE TALL AHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

()>

5/1/21

本面の単一ンド語

COVER LETTER

TO: Amendment Section Division of Corporations

	D & DOCTAL TO	A NICHORE CORR	
NAME OF CORPOR	ATION: D & POSTAL TR.	ANSPORT CORP	
DOCUMENT NUMB	ER: P21000013527		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	itter to the following:	
E	ELIZABETH FLEITAS		
		Name of Contact Perso	n
A	AB ALL SERVICES		
_	·	Firm/ Company	<u> </u>
_1	100 WEST 29 ST STE C		
		Address	·
ŀ	IIALEAH FL 33012		
_		City/ State and Zip Cod	В
Ą	B1100@YAHOO.COM		
_	E-mail address: (to be us	ed for future annual repor	notification)
For further information	concerning this matter, pleas	se call:	
ELIZABETH FLEITAS	;	at (³⁰⁵	882-1238
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made ;	payable to the Florida Dep	artment 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)
Ameno Divisio P.O. B	og Address dment Section on of Corporations ox 6327 assec, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ISSEE, FL 32303

Articles of Amendment to Articles of Incorporation of

D & POSTAL TRANSPORT CORP	·	•	
	of Corporation as curren	itly filed with the Florida Dept. of State)	_
P21000013527	·		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amend	dment(s)
A. If amending name, enter the new n	name of the corporation:		
		The I	n <i>e</i> w
name must be distinguishable and contal, "Inc.," or Co.," or the designation "churtered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the w	77 "
B. Enter new principal office address,	if applicable:	12705 NW 42ND AVE	
(Principal office address MUST BE A S		OPA LOCKA, Pl. 33054	_
			
C. Enter new mailing address, if ann (Mailing address MAY BE A POST	icable: OFFICE BOX)	12705 NW 42ND AVE	_
		OPA LOCKA FL 33054	_
		S	<u>-</u> ਤ
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office addres	dress in Florida, enter the name of the	₹ E == 5
Name of New Registered Agent	KATHERIN FERRO RIV		
	12705 NW 42ND AVE	SO TO	<u> </u>
	(Flortda si	treet oddress)	5
New Registered Office Address:	OPA LOCKA	, Florida 33054. >	, 2
		(City) (Zip Code)	•
New Registered Agent's Signature, If c	hanging Registered Agen	t: with and accept the obligations of the position.	
	X Companies	чим чесерт те оби динолз ој те розикол.	
	Signature of New I	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	PI	John Doe	
X Remove	Y .	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	P	KATHERIN FERRO RIVERA	12705 NW 42ND AVE
X Add		,	OPA LOCKA FL 33054
Remove			
2) Change			
Add			
X Remove 3) Change	P	DIANELYS RIVERA RODRIGUEZ	10880 NW 22ND AVE RD
Add			MIAMI FL 33167
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•

-, ,,-,,,	lcles, enter change(s) here: (Be specific)	
		 -
<u> </u>		
		<u>-</u>
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		 .
f an amendment provides for an exchi	ange, reclassification, or cancellation of insued shares, adment if not contained in the amendment itself;	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

	adoption:, if other that
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed and Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
•	or each voting group entitled to vote separately on the amendment(s):
	at for the amendment(s) was/word sufficient for approval
	(voting group)
	(voting group)
by	(voting group)
A/26/2021 Dated Signature (By a select	(voting group)
A/26/2021 Dated Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
A/26/2021 Dated Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
A/26/2021 Dated Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) DIANELYS RIVERA RODRIGUEZ