P21000015580

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BEL KIDZ TRAN	SPORTATION, INC	
DOCUMENT NUM			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	KILANTA BIENAIME		
		Name of Contact Person	1
	BEL KIDZ TRANSPORTAT	TION, INC	
		Firm/ Company	-
	12142 SAINT ANDREWS P	LACE APT 111	
		Address	
	MIRAMAR, FL 33025		
		City/ State and Zip Cod	2
	kilantabienaime99@yahoo.co	am	
	.	sed for future annual report	notification)
	12 man address, (to be a	sea for fatare aimaa, report	normeanon)
For further informatio	n concerning this matter, pleas	se call:	
KILANTA BIENAIN	1E	305	748-3030
Name of Contact Person		Area Co	748-3030 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
		payable to the Clothau Dept	annon or pane.
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BEL KIDZ TRANSPORTATION, INC.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P21000015580	,
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporat	tion:
	The new ion, ""company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "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	
new registered agent and/or the new registered office a	nddress:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(ειι)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: miliar 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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	KILANTA BIENAIME	12142 SAINT ANDREWS PLACE
XAdd	-		APT 111
Remove			MIRAMAR, FL 33025
2) Change			
Add			
Remove 3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attach additio	r adding additional Ainal sheets, if necessary)	(Re specific)	c(3) Here.		
(* ************************************	unamo, y mezadimy)	, (or specific)			
		 			
					
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F. <u>If an amendm</u>	ent provides for an exc	change, reclassifica	tion, or cancellati	on of issued shares.	
provisions fo	r implementing the am plicable, indicate N/A)	endment if not cor	itained in the ame	ndment itself:	
(y not ap)	viicable, indicate N/A)				
		!			
		NK	-		- · · · · · · · · · · · · · · · · · · ·
<u>_</u> .		10/10			
					
		 _	<u> </u>		_
		<u> </u>		-	

	MARCH 4, 2021 otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date rement of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s cient for approval.)
• • • • • • • • • • • • • • • • • • • •	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	"	
, <u> </u>	(voting group)	
MARCH 4, 20 Dated		
Signature	to resident of the 65 or 16 division of the first	
	etor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
KI	LANTA BIENAIME	
_ _	(Typed or printed name of person signing)	
PR	RESIDENT	

(Title of person signing)