P210000 21439

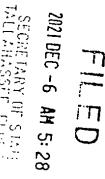
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOMIS 1 TRUCK	ING CORP			
	BER: P21000021439				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	REYNALDO JIMENEZ JIM	ENEZ			
	Name of Contact Person				
	GOMIS 1 TRUCKING COR	P			
		Firm/ Company			
	12440 SW 6TH ST				
		Address			
	DAVIE, FLORIDA, 33325				
		City/ State and Zip Cod	e		
	GOMITRUCKINGDISPAT	CH@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas		(28.2202		
REYNALDO JIMEI	·	at () 628-2398		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or 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)		
An Di P.C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

GOMIS I TRUCKING CORP			2021 DFC -6 AV -
(Name o	of Corporation as current	ly filed with the Florida D	2021 DEC -6 AM 5: 28
P21000021439			SECRETARY OF STATE
	(Document Number of	of Corporation (if known)	THE TOTAL PROPERTY OF THE PARTY
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROX)	N/A	
(174411018) 444111133 1 <u>7777 17901</u>	<u>011102 2011</u>)		· · · · · · · · · · · · · · · · · · ·
			
D. If amending the registered agent ar			name of the
new registered agent and/or the new			
Name of New Registered Agent	REYNALDO JIMENEZ	JIMENEZ —–	
	12440 SW 6TH ST		
	(Florida st	treet address)	
New Registered Office Address:	DAVIE,		Florida 33325
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanoino Registered Agen	t·	
hereby accept the appointment as regist			ions of the position.
	1	_	
	/ het		
<u> </u>	Signature of New I	Registered Agent, if changin	g
Check if applicable			
онски и арриками			

☐ 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>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P	_	REYNALDO JIMENEZ JIMENEZ	12440 SW 6TH ST
Add				DAVIE, FL. 33325
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
	
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- · -	
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	-
	

N/A	
•	, if other than the
date this document was signed.	
N/A Effective date i <u>f applicable</u> :	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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 1/1	
(voting group)	
12/02/2021 Dated	
Dated	
Signature	
(By a director, president or other officer – it directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
REYNALDO JIMENEZ JIMENEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	