Fax: (850) 617-6380



H210001721523ABCV

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

Fax: 19546784500

: (850)617-6380

To:

From:

Account Name : JTAX CORP Account Number : I2020000009 Phone : {954}544-1000

Fax Number

: (954)678-4500

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

Email Address: HELLO@JTAXCORPCOM

UZI HAY -4 PH 2:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LEAL IMPORT LOGISTICS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

NEOF PERSONS

O SIMMON

05/03/2021 5:19 PM

ج

Page: 5 of 5

To:

## Articles of Amendment

Articles of Incorporation 2321 Hay -1.

		of		-4 AH 9:56	
LEAL IMPORT LOGISTICS CORP			· .		
(Name o	of Corporation as cur	rently filed w	ith the Florida	Dept. of State)	
P21000022304					
	(Document Num	ber of Corpora	tion (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes,	, this <i>Florida I</i>	Profit Corporation	on adopts the follo	wing amendment(s) to
A. If amending name, enter the new na	ame of the corporatio	<u>n:</u>			
					The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co	". A profess			
B. Enter new principal office address,			<del></del> -		<del></del>
(Principal office address <u>MUST BE A S</u>	IREET ADDRESS )				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)	OFFICE BOX)				
D. If amending the registered agent an new registered agent and/or the new			lorida, enter the	name of the	
	Mariana Leal do Naso				
Name of New Registered Agent	4413 S Kirkman Road	1 Apt F207			
		da street addres	<u> </u>		
N 6 1 1000 471	Orlando		·	3281	1
New Registered Office Address;		(City)		, Florida	Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			uccept the oblige	ntions of the position	on.
		Mariana (	Leal Do Muscin	nento	
	Signature of N	lew Registered	Agent, if change	ing	
Check if applicable					

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

From: Jtax Corp

Fax: 19546784500

To:

Fax: (850) 617-6380

Page: 2 of 5

05/03/2021 5:19 PM

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 Doc	### ### ### ### ### ### ### ### ### ##
X Remove	<u>v</u>	Mike Jones	<u>.</u>
X Add	<u>sv</u>	Sally Smith	7
Type of Action (Check One)	Title	<u>Name</u>	Address . ഗ്ര
1) X Change	P	Maríana Leal do Nascimento	4413 S Kirkman Road Apt F207
Add		<del>-</del>	Orlando, FL 32811
Remove			
2) Change			<del></del>
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From: Jtax Corp Fax: 19546784500 To: Fax: (850) 617-6380 Page: 3 of 5 05/03/2921 5:19 PM

	(Be specific)	<u>ere</u> :	•	
		2221 MAY	-L 14 9:56	
		- +351 LiH I	-4 6 <del>1 9: 56</del>	
		ø.		
			<b>y</b>	
	<del></del>		<del></del>	
			<u></u>	
	•			
			<del> </del>	
	<del></del>			
		<del></del>		
	<del></del>	<u> </u>	<del></del>	
f an amendment provides for an excl	nange reclassification	or cancellation of iss	ued shares	
	Tange, rectassification.	d in the amendment	itself:	
provisions for implementing the ame	ndment it not containe			
provisions for implementing the amo (if not applicable, indicate N/A)	endment it not containe			
provisions for implementing the ame	end <u>ment</u> if not containe	-		
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			-
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			
provisions for implementing the ame	ndment if not containe			

, if other than the The date of each amendment(s) adoption: 2921 HAY -4 AM 9: 56 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 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 east for the amendment(s) was/were sufficient for approval (voting group) 4/29/2021 Dated Mariana leal Do Nascimento Signature (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) Mariana Leal Do Nascimento (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Fax: (850) 617-6380

Page: 4 of 5

05/03/2021 5:19 PM

Fax: 19546784500

From: Jtax Corp