## P21000037034

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FARAH TRUCKI	NG SERVICES CORP	·								
DOCUMENT NUM	BER: P21000027034										
	s of Amendment and fee are su	bmitted for filing.									
Please return all corre	spondence concerning this ma	tter to the following:									
	ERNESTO PEREZ										
	Name of Contact Person										
	FARAH TRUCKING SERVICES CORP										
		Firn/ Company									
	1145 IVY WAY	• •									
		Address	· · · · · · · · · · · · · · · · · · ·								
	NAPLES, FL 34117										
		City/ State and Zip Cod	e								
	535ernesto@gmail.com										
	E-mail address: (to be us	sed for future annual report	notification)								
For further information	on concerning this matter, pleas	se call:	238-8354								
Name	of Contact Person		de & Daytime Telephone Number								
Enclosed is a cheek for	or the following amount made										
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)								
Am Div P.O	iling Address endment Section usion of Corporations J. Box 6327 lahassee, 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

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(Name of Corporation as curren	ttly filed with the Florida Dept. of State)					
P21000027034						
(Document Number	of Corporation (if known)					
	•					
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(					
A. If amending name, enter the new name of the corporation:						
	The new					
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word					
B. Enter new principal office address, if applicable:	1145 IVY WAY					
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34117					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1145 IVY WAY					
	NAPLES, FL 34117					
	;_					
<ol> <li>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address</li> </ol>	dress in Florida, enter the name of the					
Name of New Registered Agent						
	ירין די יוין					
(Florida s	reet address)					
New Registered Office Address:	, Florida 😂					
	(City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agen						
hereby accept the appointment as registered agent. I am familiar	n. with and accept the obligations of the position.					
Signature of Many	Registered Agent, if changing					
Signature of New	regimered Agent, ij Changing					
Check if applicable						

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> 74</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•1
Remove			

mach additional sheets, if	ditional Articles, enter char (necessary). (Be specific)			
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nrovisions for implement	s for an exchange, reclassific	cation, or cancellation	1 01 issued shares,	
(if not applicable, indi	ting the amendment if not coicate N/A)	omanied in the amen	ument usen;	
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	04/05/2021	
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendme re sufficient for approval.	ent(s)
☐ The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following stat I for each voting group entitled to vote separately on the amendment(s):	zment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
04 Dated	1/05/2021	
C.m.,		
sel	a director, president or other officer – if directors or officers have not beceeded, by an incorporator – if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary)	n ourt
	ERNESTO PEREZ	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	