P21 0000 29288

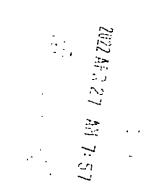
(Requestor's Name)	_			
(Address)				
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(Business Entity Name)				
(Document Number)	_			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: CEJAS TRUCKIN	G SERVICES CORP.	
DOCUMENT NU	MBER: P21000029288		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	DEIVY ALDINSSON CEJA	S LEON	
		Name of Contact Person	1
	CEJAS TRUCKING SERVI	CES CORP	
		Firm/ Company	 -
	8550 SW 109 AVE)APTO E	E110	
		Address	
	MIAMI, FL 33173		
		City/ State and Zip Code	2
	DEIVY3101@GMAIL.COM	1	
	-	sed for future annual report	notification)
For further informat	tion concerning this matter, please	se call: at (at (2,
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:
\$35 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)
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

Articles of Incorporation of

202: APR 27 AM 7: 57

	CEJAS	TRUCKING	SERVICES	CORI
--	-------	----------	----------	------

(Name of Corporati	tion as currently filed with the Florida Dept. of State)
P21000029288	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	corporation:
N/A	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	corporation," "company," or "incorporated" or the abbreviation "Corp.," ," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	N/A
(Principal office address MUST BE A STREET AD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	I office address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address: N/A	. Florida
wen regimered Office Planess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Res	
nereoy accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	,
	N/A
Sign	N/A nature 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: <u>X</u> Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	· · · · · · · · · · · · · · · · · · ·
X Add	<u>sv</u>	Sally Smith	; ,
Type of Action (Check One)	<u>Title</u>	Name	Address :
1) X Change	PRESID	DEIVY ALDINSSON CEJAS LEON	8850 SW 109TH AVE APTO E-110
Add			
Remove			<u></u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

HE CORRECT NAME IS .DEIVY ALDINSSON CEJAS LE	EON ATTACH COPY OF DRIVER LIGENSE.
	·
	<u></u>
If an amendment provides for an exchange, reclassificat	tion, or cancellation of issued shares,
provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	tained in the amendment itself:
(у поп аррисиоле, такие 1974)	
	, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s)	adoption:	<u> </u>	if other than the
date this document was signed.	/18/2021		
Effective date if applicable:	110/2021	EM 7: 57	
	(no more than	90 days after umendment file date)	<u> </u>
Note: If the date inserted in this document's effective date on the l		icable statutory filing requirement	es, this date will not be listed as the
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 shareho	older action and shareholder
■ The amendment(s) was/were a by the shareholders was/were		he number of votes cast for the am	endment(s)
		rough voting groups. The followir	
"The number of votes ca	st for the amendment(s) was/w	ere sufficient for approval	
100% by		,,	
0)	(voting group)	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
04/18/202	21		
Dated			
Signature	7)		
(By a selec		icer – if directors or officers have he hands of a receiver, trustee, or c y)	
	DEIVY ALDINSSON CEJA	AS LEON	
	(Typed or printed	name of person signing)	
	PRESIDENT		
	(Title of person s	igning)	