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2021 NOV 29 AM II: 3 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CALEB TRANSPO	ORT LOGISTIC INC	
	BER: P21000053266		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YATALIE AYALA LOPEZ		
		Name of Contact Person	1
	CALEB TRANSPORT LOGISTIC INC		
		Firm/ Company	
	1803 DESTINY BLVD UNIT	Г 308	
		Address	
	KISSIMMEE, FL 34741		
		City/ State and Zip Code	e
	AAYALA109@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	n concerning this matter, pleas	se call:	
YATALIE AYALA LOPEZ		407 at (_) 922-1099
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 29 AM 11: 38

CALEB TRANSPORT LOGISTIC INC

CALEB TRANSPORT LOGISTIC INC			SECRETARY OF
(Name of Corporatio	n as currently filed	with the Florida Dept	t. of State) ALLAHASSEE, Fig. 16
P21000053266			
(Docume	ent Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida	Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "co." Inc.," or Co.," or the designation "Corp," "Inc," "chartered." "professional association," or the abbrev	or "Co". A profe	y," or "incorporated" ssional corporation n	or the abbreviation "Corp.," ame must contain the word
3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADD			
		.	
			
2. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)		
			
). If amending the registered agent and/or registers	ed office address in	Florida, enter the nai	me of the
new registered agent and/or the new registered of			
Name of New Registered Agent			
		-	
	(Florida street add)		
	1. 10.1111		
New Registered Office Address:	(City)		_, Florida(Zip Code)
	(Ciù)		(Asp Colle)
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.	l am familiar with an	l accept the obligation	is of the position.
Ciana	tune of Man Pariston	ed Agent, if changing	
Signa	aure oj ivew Register	a Agent, y 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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	ARMANDO AYALA	1803 DESTINY BLVD UNIT 308
Add X Remove			KISSIMMEE. FL 34741
2) X Change	Р	YATALIE AYALA LOPEZ	1803 DESTINY BLVD UNIT 308
Add			KISSIMMEE, FL 34741
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

	ry). (Be specific)			
				
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If an amendment provides for an approvisions for implementing the	exchange, reclassificate	<u>non, or cancenation</u> tained in the ameno	lment itself:	
provisions for implementing the (if not applicable, indicate N/A	1)	tanico in the ament	ment nacu.	
		-		

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The date of each amendment(s) date this document was signed.	adoption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
bv	
•	(voting group)
11/18/20	21
Dated	
2: /	
Signature(By	director, president or other officer – it directors or officers have not been
selec	eted, by an incorporator - if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	ARMANDO AYALA
	(Typed or printed name of person signing)
	MANAGER
	(Title of person signing)

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the