Division of Corporations Electronic Filing Cover Sheet

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(((H210002723613)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047

: (813)774-4726

Phone Fax Number

: (813)877-2186

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

Email	Address:	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN F&G IRE LOGISTICS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION:	EG IRE LOGISTICS INC			
DOCUMENT NUMBER: P21000	064217			
The enclosed Articles of Amendme	nt and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
GONZALEZ	PEREZ, OSVALDO			
<del> <del></del> -</del>	Name of Contact Person			
F&G TRE LO	GISTICS INC			
	Firm/ Company			
2322 W \$AJ	NT JOHN ST APT B			
	Address			
TAMPA, FL	33607			
	City/ State and Zip Code			
perez2737@i	outlookes			
E-mail a	ddress: (to be used for future annual report notification)			
•	• "			
For further information concerning	his matter, please call:			
GONZALEZ PEREZ, OSVALDO	at (\$17 \ 5079925			
Name of Contact Per	son at (S17 ) 5079925  Area Code & Daytime Telephone Number.			
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:			
	Filing Fee & Status Status Sertified Copy (Additional copy is enclosed)    Status   Status   Status			
Mailing: Address Amendment Scotic Division of Corpo P.O. Box 6327 Tallahassee, FL 32	2tions Division of Corporations The Cuntre of Tallahassee			

its Articles of Incorporation:	, corporation adopts the for	owing amending
A. If amending name, enter the n	ew name of the corporation:	
name must be distinguishable and c "Inc.," or Co.," or the designation "chartered," "professional associa	ntain the word "corporation," "company," or "incorporated" or the abbre in "Corp," "Inc," or "Co". A professional corporation name must coion," or the abbreviation "P.A."	The new viation "Corp.," ontain the word
B. Enter new principal office add (Principal office address MUST B)	ress, if applicable:  A STREET ADDRESS )	
C. Enter new mailing address, if (Mailing address <u>MAY BE A</u> P	applicable: OST OFFICE BOX)	
D. If amending the registered age new registered agent and/or th Name of New Registered A	nt and/or registered office address in Florida, enter the name of the c new registered office address:	
New Registered Office Add	(Florido street address)	
new negisierea Office Ada	, rional	Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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.

18132001059 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:

1' = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; GEO = 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 V Mike Jones <u>X</u> Add SVSally Smith. Type of Action Title Name <u>Address</u> (Check One) VP FIGUEREDO, YURISLEIDY 2322 W SAINT JOHN ST APT B I) \_\_\_\_ Change X TAMPA, FL 33607 Acc \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_\_ Add Remove \_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove

To: 18506176380	Page: 6 of 7	2021-07-15 19:57:07 UTC	18132001059	From: Trucking Permits And More LLC
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<b></b>	(Attach additional sheets, if nee	onal Articles, enter change(s) here: cssary). (Be specific)		i i
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r.	If an amondance of the contract of the contrac			
* ' '	provisions for implementing t	an exchange, reclussification, or canc he amendment if not contained in the N/A)	ellation of issued shares,	
	(if not applicable, indicate	WA)	and the second second	
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(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

(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

GONZALEZ PEREZ, OSVALDO

appointed fiduciary by that fiduciary)

Signature

CARASSEC FLO

FILED