P21000075330

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2024 APR 22 AH II: 22

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GUEVARA TRUC	CKING INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANIA GUEVARA LOPEZ		
-		Name of Contact Person	1
		Firm/ Company	
	4996 CONSTANTINE CIRC	TLE	
-	 -	Address	
1	GREENACRES, FL 33463		
		City/ State and Zip Cod	e
	AGENTERPRISESOFPB@C	IMAIL.COM	
-	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
			T07 4004
ANIA GUEVARA LO		at (561	_) 727-4934
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P,O.	ing Address Indiment Section It is in a contract of Corporations Box 6327 In the contract of the contract of Corporations In the contract of t	Ameno Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

GUEVARA TRUCKING INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State	<u>e)</u>		
P21000075330				
(Document Number	of Corporation (1f known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following an	nendment	
A. If amending name, enter the new name of the corporation:				
		Th	c 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 mus	breviation "	Corp. "	
B. Enter new principal office address, if applicable:	ANIA GUEVARA LOPEZ			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	4996 CONSTANTINE CIRCLE			
	GREENACRES, FL 33463	- , - ;	024	
C. Enter new mailing address, if applicable:		1 1 	PR -	
(Mailing address MAY BE A POST OFFICE BOX)			22 [
		3		
			=	
			₩	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		·	. •	
Name of New Registered Agent				
(Florida s.	treet address)			
Vin a Principal of Addition Children	121: 4			
New Registered Office Address:	, Florida, Florida	(Zīp Code	·,	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		avitian		
r nevery accept the appointment as registered agent. Tam jaminar	win and accept the ornigations of the p	osmon.		
		<u> </u>		
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.			

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	ne <u>s</u>	
X Add	<u>sv</u>	Sally Su	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		VICTOR PEREZ	4996 CONSTANTINE CIRCLE
X Add			-	GREENACRES, FL 33463
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				· - ·
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. ,	(Be specific)
	
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an amandmant provider for an exch	hange, reclassification, or cancellation of issued shares,
an amendment provides for an exci	andment if not contained in the amendment itself:
rovisions for implementing the ame	A CONTRACTOR OF THE CONTRACTOR
rovisions for implementing the ame	
rovisions for implementing the ame (if not applicable, indicate N/A)	
rovisions for implementing the ame	<u>-</u>
rovisions for implementing the ame	

. .

	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	tno more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for that afficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The fot each voting group entitled to vote separately on the amen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
04/15/202- Dated Signature	firector, president or other officer – if directors or officers	·
selecto	irector, president or other officer – if directors or officers l d, by an incorporator – if in the hands of a receiver, trusted ted fiduciary by that fiduciary)	
	ANIA GUEVARA LOPES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	