P22000038639

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRUCK & TRAIL	LER MOBILE REPAIR IN	C		
DOCUMENT NUM	BER: P22000038639				
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	SALOMON MATA				
		Name of Contact Person	1		
		Firm/ Company			
	1532 QUINTA ROAD				
	Address				
	KISSIMMEE, FL 34744				
		City/ State and Zip Cod	2		
	trucktrailermobile68@gmail.	com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
SALOMON MATA		at (<u>321</u>	9005191		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

2023 AUG -4 AM 8:

TRUCK & TRAILER MOBIL	E REPAIR INC. AH 8: 4
	tly filed with the Florida Dept. of State) (4.1) OF STATE
P220000	038639
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be 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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2278 Chardennay Ct. W. Kissimmer
	FL 37771
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1532 Gointa Rd
(Studing undress STAT DE A POST OFFICE BOX)	1532 Quinta Rd Kissimmer FL 34744
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address;	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New 4	Registered Agent, if changing
	nion ministra Armiona

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		
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	LUIS MUNOZ ARTEAGA	1538 BARBERRY DR
Add				KINDRED, FL 34744
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_			· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

Attach additional sheets.	if necessary).	des, enter change(s) he (Be specific)	_	
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=				
<u>f an amendment provid</u>	<u>les for an exch</u>	<u>inge, reclassification, c</u>	<u>r cancellation of issu</u>	ed shares,
provisions for impleme	nting the amer	dment if not contained	in the amendment it	<u>self:</u>
(if not applicable, in	idicate N/A)			
				·
·				

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	07/18/2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
)4/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	e 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 shareholder actio	n and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.)
must be separately provided for	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	if
	(voting group)	
Dated		
Signature	Toforman of	
(By a c	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SALOMON MATA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	



Department of State / Division of Corporations / Search Records / Search by Document Number /

Detail by Document Number

Florida Profit Corporation TRUCK & TRAILER MOBILE REPAIR INC

Filing Information

Document Number

P22000038639

FEI/EIN Number

88-2437412

Date Filed

05/06/2022

Effective Date

05/06/2022

State

FL

Status

ACTIVE

Last Event

AMENDMENT

Event Date Filed

08/04/2023

Event Effective Date

08/04/2023

Principal Address

1538 BARBERRY DR KINDRED, FL 34744

Changed: 12/22/2022

Mailing Address

1538 BARBERRY DR KINDRED, FL 34744

Changed: 12/22/2022

Registered Agent Name & Address

AG TAX SOLUTION

111 E MONUMENT AVE SUITE 412

KISSIMMEE, FL 34741

Address Changed: 04/26/2023

Officer/Director Detail Name & Address

Title P

MATA, SALOMON 1532 QUINTA ROAD KISSIMMEE, FL 34744

Title VP

ARIAS GONZALEZ, JHONNY A 2278 CHARDONNAY Ct W KISSIMMEE, FL 34741-3424

Annual Reports

Report Year

Filed Date

2023

04/26/2023

Document Images

04/26/2023 ANNUAL REPORT	View image in PDF format
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10/25/2022 - VOLUNTARY DISSOLUTION	View image in PDF format
05/06/2022 Domestic Profit	View image in PDF format

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