P22000048452

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOREVER LUXU	RY VANS, INC.		
	BER: P22000048452			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	CARLOS RUIZ			
		Name of Contact Person	1	
	·	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
129 VENETIAN DR				
		Address		
	ISLA MORADA, FL 33036			
		City/ State and Zip Code	0	
	ACCOUNTING@AMTAXS	ERV.NET		
	_	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:at (305	\$25-2661	
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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	F 2
FOREVER LUXURY VANS, INC.		22 J
(Name of Corporation	n as currently filed with the Florida Dept. of State)	701 Z 1
P22000048452		50E
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	owing afficient of
A. If amending name, enter the new name of the co	rporation:	\$4
N/A		The new
name must be distinguishable and contain the word "con" lnc.," or Co.," or the designation "Corp.," "Inc.," "chartered," "professional association," or the abbrev		viation "Corp"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD.</u>	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent		
	(Florida street address)	
<u>New Registered Office Address:</u> N/A	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the posit	ion.
		
Signa	ture 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>	<u>John Doe</u>	
X Remove	<u>V</u> .	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RUIZ. LIUMILA	129 VENETIAN DR
X Add			ISLA MORADA. FL 33036
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I/A	ending or adding additional Art h additional sheets, if necessary).	(Be specific)	_		
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<u>lf an</u> :	amendment provides for an exc	hange, reclassification	on, or cancellation	of issued shares,	
prov	isions for implementing the amo (if not applicable, indicate N/A)	endment it not conta	iined in the amend	ment itself:	
	g nor appreame, materie (vix)				
	-				<u>-</u>
		· · · · · · · · · · · · · · · · · · ·			· · · · · ·
			-	· · · · · · · · · · · · · · · · · · ·	
/A					

	06/17/2022			
The date of each amendment(s) ad	option:	, if ot	her tha	an the
date this document was signed.				
06/17 Effective date <u>if applicable</u> :	7/2022			
meetive date <u>ii applicable</u> .	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this bluecument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date without ment of State's records.	ill not be	listed	as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action an	id shareho	lder	
☐ The amendment(s) was/were adop by the shareholders was/were suf-	oted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.			
must be separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): For the amendment(s) was/were sufficient for approval	TALLA	2022 JUN 21	
by	(voting group)	HASSEE FLORID	JN 21	71 177 177
06/17/2022		∵'⊆ T	70	
Dated		5.5	5:	
Signature	Coulon Fin is	ALC RIDA	: 12	
(By a disselected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)			
	CARLOS RUIZ			
•	(Typed or printed name of person signing)			
	PRESIDENT			
•	(Title of person signing)			