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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOREVER LUXU	RY VANS. INC.		
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CARLOS RUIZ			
		Name of Contact Person	1	
	FOREVER LUXURY VANS	S. INC.		
		Firm/ Company		
	129 VENETIAN DR			
		Address		
	ISLA MORADA, FL 33036			
		City/ State and Zip Cod	e	
	ACCOUNTING@AMTAXS	ERV.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
				- - - -
For further informatio	n concerning this matter, pleas	se call:		د ،
CARLOS RUIZ		305 at (525-2661	
Name of Contact Person		at (305) 525-2661 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 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)	
Amo Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOREVER LUXURY VANS, INC.			_
(Name of Corporation as currently	filed with the Florida Dep	ot, of State)	
P22000048452			
(Document Number of	Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>E</i> its Articles of Incorporation:	lorida Profit Corporation :	idopts the follow	ring amendment(s) t
A. If amending name, enter the new name of the corporation:	NA		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, or "incorporated professional corporation.	" or the abbrevia name must cont	tion "Corp" ain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- MH		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent	SS in Florida, enter the na	me of the	
(Florida stre	at addrass i	 ,	<u> </u>
ti joran sive	er maressy		- 2 6
New Registered Office Address:	City)	_, Florida	p Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		ns of the position	ı.
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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)

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>\(\frac{\cupyr}{\cupyr} \) \)</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JOUVE GONZALEZ, DILIAMNE	8735 NW 159TH ST
$\frac{X}{Add}$			
Remove			MIAMI, FL 33018-1414
2) Change			
Add			. 1
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			<u> </u>
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
THE	
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellation rovisions for implementing the amendment if not contained in the amend	of issued shares. Iment itself:
(if not applicable, indicate N/A)	
NA	
	<u> </u>
	- 1
	·

	10/20/2023	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
10/20/20	23	
Effective date if applicable:	tno more than 90 days after amendment file date,)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement nent of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes east for the ament for approval.	endment(s)
	d by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
06/05/2023 Dated	En luiz	
selected, by	or, president or other officer – it directors or officers have an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	not been ? other court . 3
CAI	RLOS RUIZ	
_	(Typed or printed name of person signing)	· ·
PRE	SIDENT	<u>ئ</u> ب
	(Title of person signing)	90