# P23000036854

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: MONTESINO TR	UCK SERVICES, CORP				
	BER: P23000036854					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	ALAIN MONTESINO VIER	4A				
		Name of Contact Person	ח			
		Firm/ Company				
	5217 W 22ND CT APT 203					
		Address				
	HIALEAH, FLORIDA, 3301	6				
		City/ State and Zip Cod	c			
ALAI	INMONTESINOLA@GMAI	L.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
ALAIN MONTESINO VIERA		786 at (	de & Daytime Telephone Number	TA TA	2023 t	17.45
Name of Contact Person Area Code & Daytime Telephone Number			Ϋ́			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	た。 3.7	30	***
■ \$35 Filing Fee	☐S43.75 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)	ECRETERS OF STATE TALLACIAS TEEFL	2023 HAY 30 PH 3: 00	
Ame	iling Address endment Section ision of Corporations	Ameno	Address Iment Section on of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as currently filed with the Florida Dept. of State)		
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, this Florida Profit Corporation adopts the following	ig amendment(s)	i to
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ain the word "corporation," "company," or "incorporated" or the a ation "Corp," "Inc," or "Co". A professional corporation name must ion," or the abbreviation "P.A."		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		<del></del>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C			
N. If we alread to the latest the second			
new registered agent and/or the nev	d/or registered office address in Florida, enter the name of the oregistered office address:		
Name of New Registered Agent	ALAIN MONTESINO VIERA		
	(Florida street address)	- 포인 중	
New Registered Office Address:	5217 W 22ND CT APT 203, HIALEAH, Florida 33016	SECRETA ST	
	(City) (Zip	टल्बल्यु ४	
		역을 골	į
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent:  ored agent. I am familiar with and accept the obligations of the position.	M 3: 00 H STATE FE. FL	(
	· Aloni	_	

## 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>V</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	P	SR ALAIN A MONTESINO VIERA		
Add			5217 W 22ND CT APT 203,	
x Remove			HIALEAH, FLORIDA 33016	
2) Change	P	ALAIN MONTESINO VIERA	5217 W 22ND CT APT 203	
X Add			HIALEAH, FLORIDA 33016	
Remove			<del>.</del>	
3 ) Change				
Add				
Remove			9023 To	
4) Change			SECRE DAY 30	
Add				
Remove			- <u>- 유</u> - 유	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary). (Be specific)	
	<del></del>
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	<del> </del>
	-
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	···
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file d	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action are action was not required.	id shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	sareholder
05/19/2023	
Dated	
Signature . Alixo	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
ALAIN MONTESINO VIERA	
(Typed or printed name of person signing)	
PRESIDENT	

2028 HAY 30 PM 3: 01 SECREBARY OF STATE

(Title of person signing)