## P23000052347

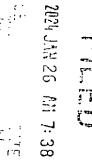
·				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORATION: Safety LOVE TRUCKING INC					
DOCUMENT NUMBER: <u>\$\rangle 23000052347</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Taranda Phileman Name of Contact Person					
4901 DID Winter Garden Rd.					
Orlando, PL 32810					
City/ State and Zip Code  Thilemon 25 @ Yanu. Cum  E-mail address: (to be used for future adnual report notification)					
For further information concerning this matter, please call:					
Tatable Phileman at (321) 3608623  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

	to Incorporation
	FILED
Safety Love In	Welling Inc.
(Name of Corporation as curren	ntly filed with the Florida Deptilof State 26 All 7: 38
	/
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is 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:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	935 Grand Regency Pointe
	WIH WL
	Altamonte Springs, FL 32711
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>1881</u>
,	
(Florida	street address)
N. D. C. LOT ALL	EL M.
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>
I hereby accept the appointment as registered agent. I am familia.	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if annicable	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	I) (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	PT John D	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>ŞV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	PT	Taranda Phileman	
Add			
Remove  2) Change	VP	Davien Watkins	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

ttach additional sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
	N/A
-	
<del></del> .	
······································	
<del></del>	
	rovides for an exchange, reclassification, or cancellation of issued shares,
rovisions for impl	lementing the amendment if not contained in the amendment itself:
(if not applicab	le, indicate N/A)
	NIA
	1
	• • • • • • • • • • • • • • • • • • • •

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment)	file date)
<b>Note:</b> If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt ection was not required.	ed by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast fo cient for approval.	r the amendment(s)
	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the an	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		"
	(voting group)	
Dated	2/2024 Shw	
selected, l	ctor, president or other officer - if directors or office by an incorporator - if in the hands of a receiver, tru- fiduciary by that fiduciary)	stee, or other court
_	Taranda Philer	non
	(Typed or printed name of person signing)	
	MANAGER	
	(Title of person signing)	