## P23000017470

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TALLAHASSEE, FL



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	RATION: LION OF JUDAH	TRUCKING, INC.		
DOCUMENT NUMI	P23000077470			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANTOINETTE REYES			
		Name of Contact Perso	n	
	ARIES INCOME TAX PRE	PARATION, INC.		
	8000 S ORANGE AVE, STE	Address		
	OBLANDO EL 22000	Address		
	ORLANDO, FL 32809			<del></del>
		City/ State and Zip Cod	e	202 SE
	505FRITANGAMANAGUI	TA@GMAIL.COM		AS TO
	E-mail address: (to be u.	sed for future annual report	notification)	AN T
For further informatio	n concerning this matter, plea	se call:		POR NOV 13 PM 4: 13 SECRETARY OF STATE TALLAHASSEE, FL
ANTOINETTE REY	ES	at (	802-4615	STA T
Name	of Contact Person		de & Daytime Telephone Nur	nber A W
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 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)	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

A. If amending name, enter the new name of the corpor	<u>ration:</u>		
FRITANGA MANAGUITA J&L INC.			The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	Co . A projessional corporan	ited" or the abbreviat ion name must conta	ion "Corp., iin the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> )	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRETARY D
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	office address in Florida, enter th	ne name of the	PH 4: 13
Name of New Registered Agent			_ _ _
	(Florida street address)		
New Registered Office Address:		, Florida	in Code)
	(City)	(24	μ σουν)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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)

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.

Enganta:		•	
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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			SECRE ARA
Add			HAT 3
Remove			E ARROTE OF LAHASSE
4) Change			ARY OF STATE
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)		
	_ <del>_</del>	
	SE	-
	구점 등	
	SECRETARY OF STATE	֧֧֧֧֚֓֞֞֝֟֝֝֟֝֝֝֟֝֓֓֓֓֓֟֝֟ ֓֓֓֞֓֞֓֓֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	五五 五五 五五 3	9
	SS	Š.
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	EE S +	-
provisions for implementing the amendment it not contained in the amendment the	77 Z 7	_
(if not applicable, indicate N/A)	1 12	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	• Gla Jata)
Effective date il applicable: (no more than 90 days after amendmen	i jne ame)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	he following statement amendment(s):  SECRETARY OF STATE ALLAHASSEE, FL
"The number of votes east for the amendment(s) was/were sufficient for appro-	AND THE PARTY OF T
by(voting group)	amendment(s): TALLAHASSEE, FL  Val  TALLAHASSEE, FL
Dated	FATE FL
Signature (By a director, president or other officer – if directors or off	icers have not been
(By a director, president of other officer – if directors of one selected, by an incorporator – if in the hands of a receiver,	trustee, or other court
appointed fiduciary by that fiduciary)	
Imes Rayes	
(Typed or printed name of person signing	g)
President	
(Title of person signing)	