To: •

Division of Corporations Electronic Filing Cover Sheet

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(((H24000138879 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN RIVES DELIVERY INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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Help



		COVER LETTER	
TO: Amendment Se · Division of Co			
NAME OF CORPO	DRATION: RIVES DELIVER	RY INC	
DOCUMENT NUM	1BER: P23000085977		
The enclosed Article	es of Amendment and fee are si		
Please return all com	espondence concerning this ma	atter to the following:	
	CARLOS A RIVES DIAZ		
	RIVES DELIVERY INC	Name of Contact Perso	π
		Firm/ Company	·
	6017 CRESTHILL DR	2 m. 2 00mpuny	
	TAMPA, FL 33615	Address	
		City/ State and Zip Cod	c
	rivesdeliveryine@gmail.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
CARLOS A RIVES	DIAZ	at (<u>813</u>	368-4620
Namo	of Contact Person	Area Cu	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
An Div P.C	illing Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Cutre of Tallahassee V. Menroe Street, Suite 810 Usee, FL 32303

To: •



May 29, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

RIVES DELIVERY INC 6017 CRESTHILL DR TAMPA, FL 33615US

SUBJECT: RIVES DELIVERY INC

REF: P23000085977

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

FAX Aud. #: H24000138879 Letter Number: 224A00011653 To: . .

Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) Passiant to the provisions of section 607,1006, Florida Statutes, dis Florida Profit Corporation adopts the following among Articles of Incorporation: A. If amending name, enter the new name of the corporation: The many must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corporation," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word interfered." "professional association," or the abbreviation "P A." 3. Enter new principal office address, If applicable: Principal office address MUST BE A STREET ADDRESS.) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent CARLOS A. RIVES DIAZ. 6017 CRESTHILL DR Worldarweet address)	of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(nt: therethe new name of the corporation: The new hie and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." designation "Corp." "Inc." or "Co". A professional corporation name must contain the word all association, "or the abbreviation "P A." office address, if applicable: MUST BE A STREET ADDRESS ddress, if applicable: W BE A POST OFFICE BON; tered agent and/or registered office address in Florida, enter the name of the and/or the new registered office address: CARLOS A RIVES DIAZ	i mile	of Corporation as currently filed with the F	lorida Dept. of State)
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Name of New Registered Agent 6017 CRESTHILL DR	rictured August	new registered agent and/or the nev		
	100 L L 11 12 11 11 11 11 11 11 11 11 11 11 11	Name of New Registered Agent	CARLOS A, RONES DIAZ.	
TAMPA 33615 New Revistered Office, 4dd ess: Florida	TAMPA 33615			22716
(City, (Zip Code)		New Roustored Office Address	TAMPA	Florida 33015
(City), (Zip Code)		New Roystoppd Office Address	TAMPA	Florida 33015
	TAMPA 23615	New Registered Office Address:	TAMPA (C15),	Florida 33015 (Zip Code)
	(City), (Zip Code)	New Registered Office Address:	TAMPA /City,	Florida (Zip Code)
	(City, (Zip Code)	New Registered Office Address:	TAMPA (C15),	Flurida (Zip Code)
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To: ·

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 Saily Smith, SV as an Add.

Example:

<u>A</u> Change	PI	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	i,	RAMOS MARTINEZ, MAYGEDIS	6017 CRESTHILL DR
Add X Remove			TAMPA, FI. 33615
2) X Change	P	RIVES DIAZ, CARLOS A	6017 CRESTHILL DR
Add			TAMPA, FL 33615
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			· <u> </u>
Add			
Кепюче			
5) Change			
Add			
Remove			

mending or adding additional Art ach additional sheets, if necessary).	(Be specific)	
		-1
an amendment provides for an exe	hange, reclassification, or cancellation of issued shares,	
orovisions for implementing the am- (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	•	
		

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.	archolder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the umendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
04:16/2024 Dated	
(By a director, prysident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CARLOS A, RIVES DIAZ	
(Typed or printed name of person signing)	·
PRESIDENT	
(Title of person signing)	 -