Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001781723)))



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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 JIMENEZ BELLO TRANSPORT INC

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Help

From: Trucking Permits And More LLC

## COVER LETTER

TO: Amendment Se Division of Co				
NAME OF CORPO	DRATION: JIMENEZ BELL	O TRANSPORT INC		
	JBER: P24000033191			
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.		
Picase return all corr	respondence concerning this m	atter to the following:		
	JIMENEZ, ARMANDO			
		Name of Contact Perso	n	<del>-</del>
	JIMENEZ BELLO TRANSI	PORT INC		20,
		Firm/ Company		吳. 王 .
	7742 BRETTONWOOD DR			7
	Address			
	TAMPA, FL 33615			55
		City/ State and Zip Cod	le	2024 HAY 17 AM 8: 14
	mandicuba7	70@yahoo.com		117
	E-mail address: (to be u	sed for future annual report	notification)	Fig. 🖛
For further information	on concerning this matter, plea	se call:		
mandicuba70@yaho	o.com	813	4071699	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	<u></u>
Enclosed is a check for	or the following amount made			
X S35 Filing Fee	S43.75 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)	
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		

To:

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the FI P24000033191	orida Dept. of State)
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Cor</i> its Articles of Incorporation:	poration adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "company," or "inco "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corp "chartered," "professional association," or the abbreviation "P.A."	rporated" or the abbreviation "Core" poration name must contain the word
. Enter new principal office address, if applicable:	生活 一
Principal office address MUST BE A STREET ADDRESS )	
/	S. T.
——————————————————————————————————————	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
True Washington	
	. •
new registered agent and/or the new registered office address in Florida, ent	er the name of the
new registered agent author the new registered office address:	er the name of the
namending the registered agent and/or registered office address in Florida, ent new registered agent and/or the new registered office address:  Name of New Registered Agent	er the name of the
new registered agent author the new registered office address:	er the name of the
Name of New Registered Agent	er the name of the
Name of New Registered Agent  (Florida street address)	er the name of the
Name of New Registered Agent  (Florida street address)  New Registered Office Address:	
Name of New Registered Agent  (Florida street address)	cr the name of the
Name of New Registered Agent  (Florida street address)  New Registered Office Address:	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  We Registered Agent's Signature, If changing Registered Agent.	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	, Florida
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent. I am familiar with and accept the o	, Florida, (Zip Code)  (Zip Code)  obligations of the position
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	, Florida, (Zip Code)  (Zip Code)  obligations of the position
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  The Registered Agent's Signature, if changing Registered Agent:  we Registered Agent's registered agent. I am familiar with and accept the company to	, Florida, (Zip Code)  (Zip Code)  obligations of the position

From: Trucking Permits And More LLC

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 afficer/divector 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

A_Change	PT Jo	<u>hn Doe</u>	
X Remove	<u>Y</u> <u>M</u> i	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	Ilv Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addr@</u> s
$I) \stackrel{X}{} Change$	P	JIMENEZ, ARMANDO	7742 BRETTONWOOD DR.
Add			TAMPA, FL 33615
Remove			
2) Change	<u>T</u>	JIMENEZ, ARMANDO	7742 BRETTONWOOD DR
Add			TAMPA,FL 33615
X Remove	<u>s</u>	JIMENEZ, ARMANDO	7742 BRETTONWOOD DR
Add		· · · · · · · · · · · · · · · · · · ·	TAMPA, FL 33615
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add	•		
Remove			
δ)Change			
Add		***************************************	
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)		
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		2024	
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			•
If an amendment provides for an exchang	2e, reclassification, or cancellation of issued shares		
(if not applicable, indicate N/A)	nent if not contained in the amendment itself:	La Caracteria de la Car	
		•	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	05/17/2024	
	(no more than 90 days after amendment file date)	***
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment of the approval.	ent(s)
The amendment(s) was/were ap must he separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	temen:
	for the amendment(s) was/were sufficient for approval	. 21
		<b>9241</b>
	(voting group)	
DatedOS	17/2024	
Signature	AjiMenz	
Selecto	nector president or other officer - if directors or officers have not be d, by an incorporator - if in the hands of a receiver, trustee, or other e ted fiduciary by that fiduciary)	en ————————————————————————————————————
	JIMENEZ, ARMANDO	
	(Typed or printed name of person signing)	
	PRESIDENT	