P94000056789

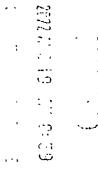
(Requestor's	Name)			
(Address)				
(Address)				
(Address)				
(City/State/Z	ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
•	• ,			
(Document I	Number)			
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



300392769253

08/19/22--01016--018 **35.00



Smend

COVER LETTER

TO: Amendment Section Division of Corporations

:

NAME OF CORPORA	TION: MARANATA SCI	100L BUS SERVICE CO	PRP	
DOCUMENT NUMBE	R: P94000056789			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	EXPEST	DE LA HO	2	
_		Name of Contact Person		-
_	DE (A HOZ	: facsociate	CPA, BA	_
		Firm/ Company		
	7 82	NW 42 Avt	Cj Suite 441	-
		City/ State and Zin Cod		
		City/ State and Zip Cod	c	-
	ede).	hoze cpade	elattor com	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Enne	STO DelA HOZ	- at (30 S	de & Daytime Telephone Numbe	/ F3
Name of	Contact Person	Area Co	de & Daytime Telephone Numbe	r :-
	he following amount made			
\$35 Filing Fee	☐\$43.75 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)	; ;;;
Amen Divisi P.O. E	ng Address dment Section on of Corporations sox 6327 assee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	

Articles of Amendment Articles of Incorporation of

/Name of Corporation as curren	ntly filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	the state of the s
P94000056789 (Document Number	r of Corporation (if known)
	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	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.z.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 adnew registered agent and/or the new registered office address	
Name of New Registered Agent	- EANESTO DELAHOZ
782 N	W 42 ANT, SUITE 441
(Florida	street address)
New Registered Office Address: MIAMI	(City) , Florida 33 12 6 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (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	<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	PTD	ULISES ARIAS	
Add	2		
Remove 3) Change	PTD	GLENN ATTRIDGE	782 NW 42 AVC
Add			SUITIYY
Remove			MIAMI, FL 33126
4) Change			
Add			
Remove	$C \setminus I$, AIL-1	700111111111111111111111111111111111111
5) Change	7 A	Sames Attribate	ISLAND TANVO
Add		J	Suttle 74
Remove			MIAMI, TL JSKI
6) Change			
Add			
Remove			

(Attach addition	r adding additional Art nal sheets, if necessary).	(Be specific)	i <u>ects</u> , nere.			
						, ,
		·				
				<u>.</u>		
						
						
						
provisions for	ent provides for an exc r implementing the am plicable, indicate N/A)	hange, reclassifi endment if not c	cation, or cance ontained in the	ellation of issued	<u>l shares,</u> elf:	
						
			· · ·			
			-			-

The date of each amendment(s date this document was signed.) adoption:	8/9/202	2	, if other than the
Effective date <u>if applicable</u> : _				
		(no more than 90 days	after amendment file da	te)
Note: If the date inserted in the document's effective date on the			atutory filing requireme	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CH</u>)	ECK ONE)		
The amendment(s) was/were action was not required.	adopted by the i	incorporators, or board of	f directors without share	eholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer			er of votes east for the a	mendment(s)
☐ The amendment(s) was/were must be separately provided				
"The number of votes of	ast for the amen	dment(s) was/were suffi	cient for approval	
by				
•	(voti	ng group)		
Dated8	Im 1-	Junit de		
(BV seit	a director, presto cted, by an inco	dent or other officer – if rporator – if in the hands	directors or officers hav of a receiver, trustee, o	e not been or other court
		by that fiduciary)		
	GLENN AT	TRIDGE		
	(Typed or printed name o	f person signing)	
	PRESIDEN	T/DIRECTOR		
	(Title of person signing)	— — -	