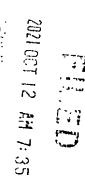
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Office Use Only



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A. Butter 10/19/21

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: VELOCIFREIGHT CORPORATION
DOCUMENT NUMBER: P 200000 54979
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JESUS FLORES JR Name of Contact Person
VELOCIFREIGHT CORPORATION Firm/ Company
4524 LAKE RUSSELL RD Address
KISSIMMEE FL 34746 City/ State and Zip Code
UE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TESUS FLORES, TR. at (407) 218-5407 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:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & 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 Articles of Incorporation of

	of	
(Name of Corporat		THE ED
	ORATION	
	ion as currently filed with the Florid	a प्रदेश श्री श्री विश्व व
P20000054979		
(Docu	ment Number of Corporation (if knowr	n Frank He STATE
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	la Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following amendment(s)
. If amending name, enter the new name of the c	orporation:	
VELOCIFLOORS CORPO	RATION	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	." or "Co". A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0x)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		he name of the
Name of New Registered Agent	NA	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)

Check if applicable

[☐] 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.

Example:	D't'		
X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	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	\underline{V}	JOANNE SANCHEZ	4524 LAKE RUSSEL RD
X Add			KISSIMMEE, FL 3474C
Remove			
2) Change			
Add			
Remove Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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·	
f	name and and fination or annulation of insued shows
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. .

. The date of each amendment(s) adopti	on:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not be listed as the total state of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
selected, by	r, president or other officer – if directors or officers have not been an incorporator of in the hands of a receiver, trustee, or other court duciary by that fiduciary)
J	(Typed or printed name of person signing)
_ &	RESEDENT (Title of person signing)