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SECRETARY OF STATE TALLAHASSEE, FL

ALLAHASSEE ELOBION

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24 AM 8: 16

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANGOLA TRUC	KING CORP	
DOCUMENT NUMB	ER: P21000064476		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
	pondence concerning this ma		
	LAZARO HERNANDEZ Y		
-		Name of Contact Person	
	ANGOLA TRUCKING CO		
-		Firm/ Company	
-	2373 W 69TH ST APT 1		
	HIALEAH, FL 33016	Address	·
_		City/ State and Zip Cod	e .
]	LAZAROHERNANDE0303	@GMAIL COM	
_		sed for future annual report	notification)
	concerning this matter, plea		
LAZARO HERNAND	<u></u>	at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

FILED

Articles of Incorporation

71127 MAY 24 AM 8: 16

ANGOLA TRUCKING CORP	SECRETARY OF STATE
P21000064476	the filed with the Florade Dank at Spire . FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: LHY TRANSPORT CORP	
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.A.	A professional corporation many must sentain the sent
B. Enter new principal office address, if applicable:	1107 WAVERLY DR
(Principal office address MUST BE A STREET ADDRESS)	ARLINGTON TX 76015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2373 W 69TH ST APT 1
	HIALEAH FL 33016
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
(Florida et	reel address)
New Registered Office Address:	,
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	<u>:</u> with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
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:

A_Change	PL	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		-	
Add			
Remove 3) Change		_ ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
CHANGING NAME OF THE COMPANY, PRINCIPAL ADDRESS AND MAILING ADDRESS	
TO THE MEDICESS AND MAILING ADDRESS	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the amendment if not contained in the amendment itself:</u>	
(if not applicable, indicate N/A)	

The date of each amendate this document was s	igned.
Effective date if applica	ble:
	(no more than 90 days after amendment file date)
Note: If the date inserte document's effective date	d in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendmer	et(s) (<u>CHECK ONE</u>)
▼ The amendment(s) was action was not require	s/were adopted by the incorporators, or board of directors without shareholder action and shareholder d.
☐ The amendment(s) wa by the shareholders w	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
musi de septa diery pr	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s): votes cast for the amendment(s) was/were sufficient for approval
by	(All)
•	(voting group)
Dated_	5(24/2022
Signatu	re #D
J	(By a director, president 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)
	(Typed or printed name of person signing)
	mesident
	(Title of person signing)