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.

(((H23000175804 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*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 ONE STOP TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

13053284774

Articles of Amendment Articles of Incorporation of

ONE STOP TRANSPORT CORP				
(Name of Corp.	oration as curves:	ly filed with the Florida Dept, of State)		
P18000029337				
(D	neument Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this	Florida Profu Corporation adopts the follow	wing amendi	nenus) to
A. If amending name, enter the new name of	he corporation:			
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	'Inc." or "Co".	A professional curporation name must cor	The no ation "Corp. stain the wo	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10140 NW SOUTH RIVER DRIVE		
		MEDLEY, FL 33178		•
			<del></del> -	i
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		10140 NW SOUTH RIVER DRIVE	55.	2023 HA
		MEDLEY, FL 33178	>:	٦
			<u> </u>	= 5
D. If amending the registered agent and/or re- new registered agent and/or the new registe	ristered office add	ress in Florids, enter the name of the	SEE O	AH 8:
Name of New Registered Agent  YVETTE GRACIA		9. te		
	W SOUTH RIVE	R DRIVE	(T)	
	(Florida su	eet addressj	·	
New Resistered Office Address: MEDLI	ΣY		;	
		777	ip Codel	
New Registered Agent's Signature, if changing thereby accept the appointment as registered age	Registered Agent	! with and accept the obligations of the positio	п.	
	l lignature of New R	egistered Agent, if changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.9120 (11) (c), F.S.

2023-05-11 14:26:24 GMT

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 shears, 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 hold. 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, blike 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.

$\chi$ Change	7.7	John Doe	
$\underline{X}$ Remove	<u>Y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	ANDRY GONZALEZ	9300 NW 87TH AVE
Add			MEDLEY, FL 33178
XX Remove		•	2023
2) Change	P	YVETTE GRACIA	10140 NW SOUTH RIVER DRIV
XX Add			MEDLEY, FL 33178 250-
Remove 3 ) Change			SST.
Add			8: 46
Remove			- F
4) Change			
Add			
Remove			
5)Change		<del></del>	
Add			
Remove			
6) Change			- Control of the Cont
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if nevessary)	(Be specific)		
			_
			-
			=
		·	-
			-
			-
			_
			_
			-
			_
		_	_3
		ن الله الله الله الله الله الله الله الل	รู้
			ON TAKE
			-
		5.	
		SSE	94 8: HB
		<u> </u>	<u>∓</u> ⊗
		五五	<u>-</u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	1 -7:	σ
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		
(ly not approadle, materie NA)			
			•
***************************************			
		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	
			•
			•

From: Yanet Avila

	5'5/2023	
The date of each amendment(s) adopt	lon:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or hoard of directors without shareholder	action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amenda	ient(s)
must be separately provided for each	d by the shateholders through voting groups. The following stationary group entitled to vote separately on the amendment(s):	Hement
"The number of votes east for t	ne amendment(a) was/were sufficient for approval	
hy		12
	(voting group)	<b>13</b>
		E T
5/5/2023 Dated		
Signature Com-	Ly Consoln	DOZZIMAY II AM
(By a directo	r. prosiden or other officer - if directors or officers have not be	een min
selected, by	an incorporator — If in the hands of a receiver, trustee, or other ductary by that fiduciary)	court FF B
appended to	iociary by mai nouciary)	은 <b>등</b> 등
ANE	RY GONZALEZ	ea
<del></del>	(Typed or printed name of person signing)	
P	Pines	
<del></del>	(Title of person signing)	