## 321394

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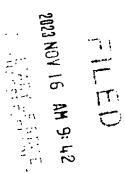
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2023 NOV 16 PH 2: 23



A. RAMSEY NOV -17.2023

X02250,

## CAPITAL CONNECTION, INC..

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PORT CONSOLIDATED, INC.	<del></del>
	_
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
1-4-1	
Hely	Art of Inc. File
	LTD Parmership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Air, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature //	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
N	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## Articles of Amendment to Articles of Incorporation of

FILED

2023 NGV 16 AM 9: 42

Port Consolidated, Inc.	50000
	oration as currently filed with the Florida Dept. of State)
21394	
(D	Document Number of Corporation (if known)
tursuant to the provisions of section 607.1006, F is Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of	the corporation:
	The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."
3. Enter new principal office address, if appli Principal office address MUST BE A STREET	icable: FADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>YE BOX</u> ,
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new regist</li> </ol>	egistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	
··	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	(City), Florida (Zip Cod
ew Registered Agent's Signature, if changin	n Revistered Agent:
hereby accept the appointment as registered ag	gent. I am familiar with and accept the obligations of the position.
	C
	Signature of New Registered Agent, if changing
Ot a Manuallankin	

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.

X Change	<u>PT</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>\$V</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	Stephen A. Simmons	3141 SE 14 Avenue
X Add				Fort Lauderdale, FL 33316
Remove				
2) Change			<u> </u>	
Add				·
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				<del></del>
Remove				
δ) Change	<del></del>	_		
Add				
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	ecessary). (Be	specific)	<u>nere</u> :		
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			an accellation of	icenad shares	
If an amendment provides to provisions for implementing (if not applicable, indicate).	ng the amendme	reclassification nt if not contain	ed in the amendme	nt itseif:	
provisions for implementing	ng the amendme	reclassification nt if not contain	or cancellation of	nt itself:	
provisions for implementing	ng the amendme	<u>recinssification</u> nt if not contain _	or cancenation of	nt itself:	. <u>-</u>
provisions for implementing	ng the amendme	recinssification nt if not contain	or cancentation of	nt itself:	
provisions for implementic (if not applicable, indice	ng the amendme	nt if not contain	or cancentation of	nt itself:	
provisions for implementic	og the amendme ate N/A)	nt if not contain	ed in the amendme	nt itself:	
provisions for implementic	og the amendme	nt if not contain	ed in the amendme	nt itself:	
provisions for implementic (if not applicable, indice	og the amendme	nt if not contain	ed in the amendme	nt itself:	
(if not applicable, indice	og the amendme	nt if not contain	ed in the amendme	nt itself:	

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Essective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this rement of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment cient for approval.	nt(s)
☐ The amendment(s) was/were approvinust be separately provided for each	ved by the shareholders through voting groups. The following state ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 10/31/23		
	The Chil	
Signature	Workley / Justil	
	tor, president or office officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other co	
	fiduciary by that fiduciary)	,
_	DOWALD M. (Arthon In (Typed or printed name of person signing)	
	President	
	(Title of person signing)	