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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: East Florida Transp	ort, Inc.				
DOCUMENT NUM	K 60017	····				
The enclosed Articles	of Amendment and fee are sub	mitted for filing.				
Please return all corre	spondence concerning this mate	ter to the following:				
	Jo Kirkland					
	Name of Contact Person					
	Mathis Law Group					
		Firm/ Company				
	P.O. Box 91657					
	Address					
	Lakeland, FL 33804					
		City/ State and Zip Code	2			
	andrea@bltransinc.com					
	E-mail address: (to be use	ed for future annual report	notification)			
For further information	on concerning this matter, please	e call:				
Jo Kirkland		863 at (670-2557			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street. Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED 2024 APR - 1 PH 1:5

East Florida Transport, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) K60017 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: _The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ _, Florida_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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: 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	VP	Albert L. Derojas	7227 N.W. 29th Ave.
Add			Miami, FL 33147
X Remove			
2) Change	D	Jesus R. Acuna	7227 N.W. 29th Ave.
Add			Miami, FL 33147
$\frac{X}{X}$ Remove Change	PST	Andrea Agostinelli	7227 N.W. 29th Ave.
Add			Miami, FL 33147
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			_
Add			
Remove			

	eets, if necessary).	(Be specific)				
		- 				
				_		
						
<u> </u>		·				
						
			_		_	
 -						
an amendment pr	ovides for an excl	hange, reclassifica	ition, or cancella	tion of issued sh	ares.	
rovisions for impl	<u>lementing</u> the ame	endment if not co	ntained in the am	endment itself:		
(if not applicable	le, indicate N/A)					
						.
						
		. <u>-</u>				

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date tiils document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ie)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requiremed the partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amenda	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
March 22	2024	
Signature A	idrea Agostinelli	
(By a select	director, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	
	Andrea Agostinelli	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	