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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: O.T.I. Cargo, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel J. Admire  Name of Contact Person  Sallivan, Admire, Dullivan, PA  Firm/Company  2555 Ponce de Leon Blud. Ste 320  Address
Coral Gables, FL 33134 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel J. Admire at (305) 444-6121  Name of Contact Person Area Code & Daytime Telephone Number
Inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    S43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

O.T.I. (	Cargo, I	Inc.	FI	F- (-)	
(Name of Corporation	on as currently I	filed with the Flo	rida Dept. of Star	te).	
P0100	000720	>30	2024 APR -2	D14 ,	
(Docum	ent Number of C	Corporation (if kno	wn)	1:19	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corpo	oration adopts the	following amendme	ent(s) to
A. If amending name, enter the new name of the co	rporation:				
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	"or "Co". A p	npany," or "incor professional corp	porated" or the a oration name mu	The new bbreviation "Corp.," st contain the word	,
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> ,	<u>X</u> 1				
D. If amending the registered agent and/or register new registered agent and/or the new registered of	office address:				
Name of New Registered Agent Julio	an, Admir	e : Sullin	ian, PA c	O Daniel	Admir
<u> 2555</u>	Ponce (	e Leon Bl	ud. Ste 3	370_	
New Registered Office Address:Cocc	al Gable	<u>΄</u> Ιψι	, Florida	33134 (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the a	obligations of the p	nosition.	

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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Secretary	Adam Beer	
Add			
	<u>(EO</u>	Timothy Tudor	
Add Remove 3 ) Change Add	<u>CFO</u> Americas	Alexander Hotz	2401 NW 69th St Miami, FL 33147
Remove 4) Change X_ Add	<u>CFO</u> US/Canada	Annu Elsie Perez	2401 NW 69th St Miami, FL 33147
Remove 51 Change Add	Regional <u>CEO</u> US/Canuda	Niels Nielsen	2401 NW 69th St Miami, FL 33147
Remove 6) Change Add			
Remove			

Attach <i>a</i>	ling or adding additional Articles, er dditional sheets, if necessary).— (Be s	pecífic)		
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<u>lf an am</u>	endment provides for an exchange, i	reclassification, or car	<u>acellation of issued sha</u>	ires,
<u>provisi</u>	ons for implementing the amendmen not applicable, indicate N A)	t ti not contained in t	ne amendinent usen.	
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Effective date if applicable:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  Adoption of Amendment(s) (CHECK ONE)  The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval
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Dated 3/29/2024  Signature  (By a director, president or other officer -4t directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed (iduciary by that tiduciary)
Anna Elsie Perez  (Typed or printed name of person signing)  CFO - US / Canada  (Title of person signing)