P05 000145047

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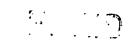
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNITED BEST TR	RANSPORT, CORP		
DOCUMENT NUMB	P05000145047			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
•	GRACE HERNANDEZ			
-		Name of Contact Person		
		Firm/ Company		
	14820 WHITE MAGNOLIA	СТ		
-		Address		
- -	ORLANDO, FL 32824			
		City/ State and Zip Code		
1	GHERNANDEZ84@HOTM	AIL.COM		
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
GRACE HERNANDE	Z.	407 at (247-2389	
Name of Contact Person		at (407) 247-2389 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



UNITED BEST TRANSPORT, CORP.

2022 APR 29 AH 8: 33

(Name)	of Corporation as currently filed with the Florida I	Dept. of State)	
P05000145047		15.	- <u> 1</u>
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following an	nendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
		Th	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	the word "corporation," "company," or "incorporat Torp," "Inc," or "Co". A professional corporatio For the abbreviation "P.A."	ed" or the abbreviation" in name must contain th	Corp.," e-word
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			
	-		
	-		
	nd/or registered office address in Florida, enter the	name of the	
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	GRACE HERNANDEZ		
	14820 WHITE MAGNOLIA CT		
	(Florida street address)		
	ORLANDO	32824	
New Registered Office Address:	(City)	, Florida Zip Code	-
	10,17		,
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regis	tered agent. I am familiar with and accept the obliga	ttions of the position.	
	(Dans)		
	Signature of Yew Registered Agent, if changi	ing	
Check if applicable	()		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 H.L.C.), 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 = ChiefExecutive Officer; CEO = 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)	Title	<u>Name</u>	<u>Address</u>
1) Change	P	GRACE HERNANDEZ	14820 WHITE MAGNOLIA CT
X Add			ORLANDO, FL 32824
Remove			
2) Change	P	EDGARDO COSME	1100 ROBERT RIDGE CT
Add			KISSIMMEE, FL 34747
X Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)				
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f an amendment provides for an excl provisions for implementing the amo	hange, reclassifica Endment if not cor	tion, or cancellati tained in the amo	<u>ion of issued shi</u> endment itself:	ares.	
(if not applicable, indicate N/A)	-				
	 -				
					

	04/24/2022	
The date of each amendment(s late this document was signed.) adoption:	, if other than the
-	4/24/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the locument's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	i and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	r i
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
01/24/2	(12)	
04/24/2 Dated	322	
Signature	(Aluer)	
(By	a director, president or other officer - if directors or officers have not been	
	reted, by an incorporator — If in the hands of a receiver, trustee, or other court iointed fiduciary by than tiduciary)	
α <i>/</i> ₁ / ₂ /	, ,	
	GRACE HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	