## P06000143116

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

SAME OF CODEC	Principal Transport	& Nursery Inc			
NAME OF CORPO	IBER: P06000143116				
The enclosed Article	s of Amendment and fee are sul	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Megan Belcourt				
	Name of Contact Person				
Souza's Tax & Accounting Professionals Inc					
	Firm/ Company				
	6239 Edgewater Dr, Ste D-01				
Address					
Orlando, FL 32810					
	City/ State and Zip Code				
incorporating@souzatax.com			oas	2023	
•	E-mail address: (to be used for future annual report notification)				II.
For further informati	on concerning this matter, pleas	se call:		AST O	2023 MAR 31 AF
Megan Belcourt		at ( <u>321</u>	895-4099	Y OF STATI	AH 8: 34
Name of Contact Person		Area Co	de & Daytime Telephone Number	- P.E.	3 <u>t</u>
Enclosed is a check i	for the following amount made	payable to the Florida Dep	artment of State:	, .	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 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	Address  Idment Section  Ion of Corporations  Iontre of Tallahassee  N. Monroe Street, Suite 810  assee, FL 32303		

## Articles of Amendment to Articles of Incorporation

Principal Transport & Nursery Inc		
	tly filed with the Florida Dept. of S	tate)
P06000143116		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts t	he following amendment(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name n	
B. Enter new principal office address, if applicable:	12240 Florida Woods Ln	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32824	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 HAR SECTET TAILA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.  Name of New Registered Agent		<del></del>
		. Lin €
(Florida st	rect address)	
New Registered Office Address:	(City) , Flori	ida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent.—I am familiar	t: with and accept the obligations of th	e 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: <u>X</u> Change	<u>PT</u>	John Doc		
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) X Change	Р	Onelio Ramos	12240 Florida Woods Ln	
Add			Orlando, FL 32824	
Remove				
2) Change	<del>-</del>			_
Add			SECAR TALL	Š
Remove 3.) Change				ت ا ا
Add			7 S S S S S S S S S S S S S S S S S S S	
Remove				
4) Change			ATE 34	-
Add				
Remove			<u> </u>	
5) Change				
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
6) Change	<del></del>			
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)		
(η ποι αρριτεάτε, παιτάτε γιπ)		
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The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	II 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 an	d shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	·	26 S
	(voting group)	F 1 1. 2023 MAR 31 SECRETAR TALL AH
		TÉ À
Dated (3)	17/2023	MAR 31 AM 8 CRETARY OF S TALL AHASSEE
<b>V</b>	1/11/1/	SSE P
Signature	MUIO/GM.	
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	8: 34 STATI
	ointed fiduciary by that fiduciary)	
	Onelio Ramos	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	