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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	PRATION: ROBSON'S TRAI	NSPORTATION & TOURS	SINC
	IBER: P 10000014891	·	
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	ntter to the following:	
	ROBSON ALVES		
		Name of Contact Person	1
	ROBSON'S TRANSPORTA	TION &TOURS	
		Firm/ Company	
	345 HARBOR POINT BLV	D	
		Address	
	ORLANDO FL 32835		
		City/ State and Zip Cod	e
	ROBSONALVES2005@HO	TMAIL.COM	
	ŭ	sed for future annual report	notification)
For further information	on concerning this matter, plea		403-7066
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	endment Section dision of Corporations		ment Section n of Corporations
). Box 6327		entre of Tallahassee
	lahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

FILED
2021 SEP 27 Du

ROBSON'S TRANSPORTATION & TOURS INC

(<u>Name (</u>	of Corporation as curren	tly filed with the Florida Dept. of State 2: 12		
P 10000014891	STOF STATE			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
ROBSON'S TRANSPORTATION INC		The new		
	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
				
C. Enter new mailing address, if appli		N/A		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida s	street address)		
New Registered Office Address:	N/A	. Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Aver	nt·		
		with and accept the obligations of the position.		
	Signature of New	Registered Agent, if changing		

Check if applicable \Box 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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) 1) Change	-	N/A	
Add			
Remove		N/A	
2) Change Add			
Remove 3) Change		Ν/Λ	
Add			
Remove 4) Change		N/A	
Add	· 		
Remove		N/A	
5) Change Add			
Remove			
6) Change		<u>N/A</u>	 ,
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)				
		· · · · · · · · · · · · · · · · · · ·			
Λ					
					
<u> </u>			 .		
	<u> </u>				
					
16)			a en a		
If an amendment provides for an e provisions for implementing the a	mendment if not co	ontained in the am	on or issued snares. endment itself:		
(if not applicable, indicate N/A)					
					
/Λ					
···					
		<u> </u>			
	<u> </u>				

	09/23/2021	
The date of each amendment date this document was signed	s(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	09/23/2021	
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requiremnee the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the a ere sufficient for approval.	nmendment(s)
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The follow d for each voting group entitled to vote separately on the amenda	wing statement nent(s):
	east for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated 09/23/ Signatur	ben floor	
se	y a director, president or other officer – if directors or officers hav lected, by an incorporator – if in the hands of a receiver, trustee, o pointed fiduciary by that fiduciary)	re not been r other court
	ROBSON ALVES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·