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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Real Latin Transportations G
DOCUMENT NUMBER: P10000 47063
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Name of Contact Person Name of Contact Person Firm/ Company Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (Sas) \$19-558 Area Code & Daytime Telephone Number
Enclosed is a effect for the following amount made payable to the Florida Department of State:
☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

(Name of Corporation as cur	rrently filed with the Florid	Tation Corp a Dept. of State)	
(Document No	umber of Corporation (if kno	wn) .	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		lorida Profit Corporation adop	ots the following
A. If amending name, enter the new name Real LOT TVAX name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p.	us Portabo n the word "corporation," he designation "Corp," "Inc	e," or "Co". A professional c	_The new d" or the orporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			-
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFI			SECRETARY TALLAHASS
D. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent:	•	n Florida, enter the name of t	PH 2: 24
New Registered Office Address:	(Florida street o	address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered		and accept the obligations of the	? position.
	Signature of New Registere	d Agent, if changing	44.7

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)

<u>Name</u>	1 0	<u>Address</u>		Type of A
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ending or adding	additional Articles.	enter change(s) he	<u>re</u> :	MOO
additional sheets,	if necessary). (Be	e specific)		
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The date of each amendmen	t(s) adoption:
	(daile of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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
by	
• \ <u></u>	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we	ere adopted by the incorporators without shareholder action and shareholder
action was not required.	10
Dated -	127/20
Signature	di da GG GG da basa da basa
	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary
	(Typed or printed name of person signing)
	(Tither person signing)