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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: NATIVE TRIBAL	TRANSPORTATION INC	<u> </u>
DOCUMENT NUM	D1200073018		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	CHRISTINE DOWNS		
	<u> </u>	Name of Contact Persor	1
	NATIVE TRIBAL TRANSP	ORTATION INC	
		Firm/ Company	
	3951 S. OCEAN DR		
		Address	
	HOLLYWOOD FL 33019		
		City/ State and Zip Code	2
	sales@fleetworldllc.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	949	290-7506
	e of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		,
\$ 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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Control of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

	NIA		
(Name of Corporation as curre	ently filed with the Florida I	Dept. of State)	
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corporatio</i>	on adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the corporation:	Ŀ		
		The new	+
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 professional corporation	ed" or the abbreviation "Corp.,"	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		23	
		III.	
		>- <i>C</i> q	
C. Enter new mailing address, if applicable:		Ę	•
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			: .
		EH 12: 2	
			
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the	name of the	
new registered agent and/or the new registered office addr			
Name of New Registered Agent	NIA		
Nume of New Registered Agent			
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	ent:		
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obliga	tions of the position.	
(t) (t) /	u Danistanad 1 if -b		
Signature of Nev	w Registered Agent, if changi	ng	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

[amending or adding additional Articles, enter Much additional sheets, if necessary). (Be spec	cific) NA		
	· · · · · · · · · · · · · · · · · · ·		
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22222	<u> </u>		
		-	
			
			<u></u>
			
an amendment provides for an exchange, rec	lassification, or cancella	ition of issued shar	es.
provisions for implementing the amendment if	not contained in the ar	nendment itself:	3.11
(if not applicable, indicate N/A)	. 1 .		
	NIA	<u> </u>	
			

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 PT John Doc X Remove <u>V</u> Mike Jones <u>SV</u> \underline{X} Add Sally Smith Type of Action Address Title Name (Check One) D SEAN BERSTEIN 1811 PALM DR #202 1) X Change DAVIE FL 33324 ____ Add __ Remove X Change D JOE OSCEOLA 3001 FRANK SHORE CT HOLLYWOOD FL 33024 ____ Add 3951 S OCEAN DR __ Remove CHRISTINE DOWNS D HOLLYWOOD FL 33019 3) ____ Change $X_{_Add}$ __ Remove 4) ____ Change Add ___ Remove 5) ____ Change __ Add __Remove 6) ____ Change ____ Add Remove

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requestrment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east fo	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated5	1/23/23	
selected	rector, president or other officer – if directors or office b, by an incorporator – if in the hands of a receiver, true and fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	ry
	Di RECTUR (Title of person signing)	