PHODD 82798

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TALLAHASSEE, FLORIDA

S. YOUNGE
S. Y

COVER LETTER

*** Amendment Section
**Division of Corporations

" CORPORATION: IRON HORSE WORISTICS INC * (MENT NUMBER: 714000082798 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAIMA ALMARALES Name of Contact Person INTX CARRIER SERVICES INC Firm/ Company <u> 1719 W SLIGH AVE</u> Address TANPPA FL 33604. City/ State and Zip Code yalmarales@istarexpress.com E-mail address: (to be used for future annual report notification) the ther information concerning this matter, please call; YAIMA ALMARALES at (<u>813</u>) <u>805-8572</u> Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRON	HORSE	Weistics	DX.
	.,		

(Name of Corneration as current	ly filed with the Florida Dept. of State)
	iy into with the Figure Dept. of State)
P14000082798	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	QT.
name must be distinguishable and contain the word "corporation" or p, ""Inc.," or Co.," or the designation "Corp," "Inc," or "whortered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
ogo principal office address, if applicable:	·
put office address <u>MUST BE A STREET ADDRESS</u>)	ALLIAH T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSEE, III
	1. 03 07∆FE 000A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent N/A	
(Florida st)	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Agent's Signature, if changing Registered Agent or accept the appointment as registered agent. I am familiar	: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

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).

Physic note the officer director tale by the first letter of the office tale:

 $P = President (V)^2$ Vice President, $T = Treasurer (S)^2$ Secretary; D = Director; TR = Trustee; C = Charman or Clerk (CEO) = Chief Freedow (Other); CFO = Chief Financial Other). It im 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 smarge, 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.

Xample: <u>X</u> Change	<u> 14 1</u>	John Dog		
<u>N</u> Remove	<u>Y</u>	Mike Jones		
\sqrt{Add}	<u>8V</u>	Salty Smuth		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
Is Change	_P	Alejandro Sanchez Rayo	4810 50 St S	
Ada			Tampa FL 33619	
X Remove				
2) Change	_P	Alejandro E. Sanchez	4810 50 St S	
X \dd			Tampa FL 33619	
Remove				
Change				
Vod				
Remove				
4)Change		_		
\\da				
Remove				
Sr Change				
Add			-	
Remove				
or Change				
\ \dd				
Remove				

Attach <i>additio</i>	nal shoets, if necesse	Articles, enter cha wy). (Be specific)			
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<u>an amendme</u> woyisions for	ent provides for an	evchange, reclassifi amendment if not c	cation, or cancellat	tion of issued shares,	
(it not app	licable, indicate No.	1)	ontained in the am	enament itsett:	
N/A	-				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CHE	ECK ONE)
☐ The amendment(s) was/were adopted by the si by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	fment(s) was/were sufficient for approval
by	
	ig group)
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the ir action was not required.	ecorporators without shareholder action and shareholder
Dated 06 07 20	DIR 1
0.g	7
(By a director, presid	ent or other officer - if directors or officers have not been
selected by an incorp appointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Au	ELANDROR. JANCHEZ
	yped or printed name of person signing)
	PNESIDENT.
	(Title of person signing)