## PI5000019589

Office Use Only



900407424719

SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR            | ATION:GULF A   | TLANTIC TRANSPORT  | INC  |   |          |
|---------------------------|--|--|--|---|----------|
| DOCUMENT NUMBI            | ER:  |  |  |   |          |
| The enclosed Articles of  | f Amendment and fee are su                               | bmitted for filing.  |  |   |          |
| Please return all corresp | ondence concerning this ma                               | tter to the following:   |  |   |          |
|                           |  | IVAN LEON  |  |   |          |
| _                         | · · · · · · · · · · · · · · · · · · ·                    | Name of Contact Persor   |  | _   |          |
|                           | GULI   | F ATLANTIC TRANSPOF  | RT INC   |   |          |
| _                         |  | Firm/ Company  |  | <del></del>   |          |
|                           |  | 1808 SW 153 RD PASS  |  |   |          |
| _                         | <u> </u>   | Address  |  | _   |          |
|                           | MIA  | MI, FL 33185   |  |   |          |
| -                         |  | City/ State and Zip Code   | 2  | _   |          |
|                           | IV A NII   | EON15@HOTMAIL.CON  | A  | 202<br>SEC<br>T   |          |
| -                         |  | sed for future annual report                                       |  | ACE<br>SNS  | ·        |
|                           | 17-mail address. (to be de                               | sed for fatale annual report                                       | nome and   | A R   | <u>-</u> |
| For further information   | concerning this matter, please                           | se call:   |  | 2023 APR 27 PH 3: 45 SECRETARY OF STATE TALLAHASSEE, FL | -        |
| IVAN                      | LEON   | at ( <sup>786</sup>  | 3049055  | F 97  |          |
| Name of                   | f Contact Person   | Area Co  | de & Daytime Telephone Numb  | per 45  |          |
| Enclosed is a check for   | the following amount made                                | payable to the Florida Depa  | 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) |   |          |
| Amer<br>Divis             | ing Address indment Section ion of Corporations Box 6327 | Amend<br>Divisio   | Address Iment Section on of Corporations entre of Tallahassee                          |   |          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GULF ATLANTIC TRANSPORT INC

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)         | 1                    | _      |
|---|--|----------------------|--------|
| P 15000019  | 9589   |                      |        |
| (Document Number  | of Corporation (if known)                          |                      |        |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | s Florida Profit Corporation adopts the fo         | ollowing amendment(s | ) t    |
| A. If amending name, enter the new name of the corporation:   |  |                      |        |
|   | NONE   | 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. | A professional corporation name must               | reviation "Corp.,"   |        |
| B. Enter new principal office address, if applicable:   | 13720 SW 143 RD CT                                 |                      |        |
| (Principal office address MUST BE A STREET ADDRESS)   | MIAMI, FL 33186                                    |                      |        |
|   | <del></del>  | 202<br> <br> SE(     |        |
|   |  | A A P                | •-     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 826 CATALPA PL                                     | 7R 2                 |        |
| (Mauing address MAT BE A FOST OFFICE BOX)   | MISSOURI CITY, TX 77459-5712                       | 7 P                  | ;<br>; |
|   |  | PH 3:<br>            | :      |
|   |  | <del>- 골걸 풀</del>    | ~.     |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office addres  | dress in Florida, enter the name of the            | <u> </u>             |        |
| Name of New Registered Agent  |  | <u></u>              |        |
| 1   | NONE   |                      |        |
| (Florida s  | treet address)                                     |                      |        |
| New Registered Office Address:  | , Florida  | -                    |        |
|   | (City)   | (Zip Code)           |        |
|   |  |                      |        |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  | nt:<br>r with and accept the obligations of the po | sition.              |        |
| Thereby accept the appointment as regimered agont am justimes   |  |                      |        |
|   |  |                      |        |
| Signature of New  | Registered Agent, if changing                      | <del></del>          |        |
| Congression of their  |  |                      |        |

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:<br>X Change          | <u>PT</u> <u>John</u> | n Doe         |                        |
|-------------------------------|-----------------------|---------------|------------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | e Jones       |                        |
| _X Add                        | SV Sall               | y Smith       |                        |
| Type of Action<br>(Check One) | Title                 | Name          | Address                |
| 1) Change                     | PRESID                | YENIMA CASTRO |                        |
| Add                           |                       |               | 826 CATALPA PL         |
| X Remove                      |                       |               | MISSOURI CITY,TX 77459 |
| 2) Change                     | PRESD                 | IVAN LEON     | Z3 ATTAL               |
| X<br>Add                      | <del></del>           |               | 826 CATALPA PL R 2     |
| Remove 3) Change              |                       | NONE          | MISSOURI CITY,TX 77459 |
| Add                           |                       |               |                        |
| Remove                        |                       |               | rri -                  |
| 4) Change                     |                       | NONE          |                        |
| Add                           |                       |               |                        |
| Remove                        |                       |               |                        |
| 5) Change                     |                       |               |                        |
| Add                           |                       |               |                        |
| Remove                        |                       |               |                        |
| 6)Change                      |                       |               |                        |
| Add                           |                       |               |                        |
| Remove                        |                       |               |                        |

|   | MONIC  |                           |
|---|--|---------------------------|
|   | NONE   |                           |
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| <del></del>                             |  |                           |
|   |  |                           |
|   |  |                           |
| an amendment or                         | ovides for an exchange, reclassification, or cancellation of | issued shares,            |
|   | e, indicate N/A)   | ent itself:               |
| rovisions for impl                      | •  |                           |
| rovisions for impl<br>(if not applicabl |  |                           |
| rovisions for impl                      | NONE   |                           |
| rovisions for impl                      | NONE   | 7.7<br>O.3.8              |
| rovisions for impl                      | NONE   | SECRE<br>TAIL             |
| rovisions for impl                      | NONE   | SECRETA<br>TAILLAH        |
| provisions for impl                     | NONE   | SECRETALY O<br>TAILLAHASS |

|                 | •                                | 04/01/2023   |  |
|-----------------|----------------------------------|--|--|
|                 | ch amendment                     | s) adoption:   | , if other than the                              |
| date this docum | nent was signed.                 |  |  |
| Effactive date  | if applicable:                   | 04/01/2023   |  |
| Ellective Gate  | ii applicable.                   | (no more than 90 days after amendmen   | t file date)                                     |
|                 |                                  | nis block does not meet the applicable statutory filing re<br>e Department of State's records.   | equirements, this date will not be listed as the |
| Adoption of A   | amendment(s)                     | ( <u>CHECK QNE</u> )   |  |
|                 | ment(s) was/wer<br>not required. | e adopted by the incorporators, or board of directors with   | out shareholder action and shareholder           |
|                 |                                  | e adopted by the shareholders. The number of votes cast re sufficient for approval.  | for the amendment(s)                             |
| must he sep     | parately provide                 | e approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the cast for the amendment(s) was/were sufficient for approve | amendment(s):                                    |
|                 |                                  |  | ••   |
| by              |                                  | (voting group)   | <u> </u> -                                       |
|                 | 0<br>Dated                       | 4/24/2023  |  |
|                 | Signatura                        | Barra  |  |
|                 | se                               | y a director, president or other officer – if directors or offilected, by an incorporator – if in the hands of a receiver, to pointed fiduciary by that fiduciary)           |  |
|                 |                                  | IVAN LEON  |  |
|                 |                                  | (Typed or printed name of person signing   | 2)   |
|                 |                                  | PRESIDENT  |  |
|                 |                                  | (Title of person signing)  |  |

2023 APR 27 PM 3: 45 SECRETARY OF STATE TALLAHASSEE, FL