P15000083719

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Kenny

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NA&Y FREIGHT	INC	
DOCUMENT NUME	BER: P15000083719		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YAMILET RESTREPO		
	•	Name of Contact Person	n '
	NA&Y FREIGHT,INC		
		Firm/ Company	
	1963 ESTANCIA CIRCLE	i iiiii Company	
		Address	
	KISSIMMEE FL,34741		
		City/ State and Zip Cod	e
NAL	EXY71@GMAIL.COM		· ./
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	571-60-60
Name of Contact Person			de & Daytime Telephone Number
	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

NA& FREIGHT, INC			
(Name of Corporation as currer	itly filed with the Florida Dep	ot. of State)	
P15000083719			_
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or	"Co". A professional corpor	orated" or the abbreviation	
word "chartered," "professional association," or the abbreviation	ı "P.A. "	5 9.0 1	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			17
		<u> </u>	i
•			
C. Enter new mailing address, if applicable:			ارا
(Mailing address MAY BE A POST OFFICE BOX)	N/A	175 F	
		≽	
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the na	me of the	
new registered agent and/or the new registered office addre			
Name of New Registered Agent N/A			
(Florida :	street address)		
N/A	,		
New Registered Office Address:	(City)	_, Florida (Zip Code)	
	(Chy)	(Zip Cout)	
New Registered Agent's Signature, if changing Registered Agen	nt:		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligation	ns of the position.	
Signature of Man	Registered Agent, if changing		
Signature of New	Regimered Agent, y changing		

If amending the Officer's 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V	_	RUBIEL RESTREPO	97 LAKEPOINTE CIRCLE
X Add				KISSIMMEE FL 34743
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

	ticles, enter change(s) here: (Be specific)
J/A	
	
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption	2/17/2017 :	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 30 days after amenament fite date)	
Note: If the date inserted in this block do document's effective date on the Department	ses not meet the applicable statutory filing requirements, thint of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendme for approval.	ent(s)
	by the shareholders through voting groups. The following state of the group entitled to vote separately on the amendment(s):	tement
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	r
2/17/2017 Dated	recel greento	
selected, by an	president or other officer — if directors or officers have not be incorporator — if in the hands of a receiver, trustee, or other ciary by that fiduciary)	een court
YAMI	LET RESTREPO	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	