P6600079689

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:IJI TRANSPORTA	ATION INC.			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		VICTORIA WILLIAMS	3		
···	Name of Contact Person				
	IJI TRANSPORTATION				
-		Firm/ Company			
	1820 LOUIS GRIFFEN RD				
	Address				
	LA	KE WALES, FL 33859			
_		City/ State and Zip Code	e		
	ijitrar	sportation@gmail.com			
***************************************	E-mail address: (to be us	sed for future annual report	notification)		
For further information Victoria Williams	concerning this matter, pleas	se call:at (863	223-8240		
Name o	Contact Person	at t Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made				
■ \$35 Fiting 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 Divis P.O.	ing Address Indiment Section Indicate the Address Indicate the Indicate t	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment Articles of Incorporation of

IJI TRANSPORTATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000079689

(Docume	nt Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Floridu Pro</i>	fit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc." or "Co". A pro		
B. Enter new principal office address, if applicable:			27 50 -
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)		がまった
			7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		是 2
	,		
D. If amending the registered agent and/or registered	d affice address in Flori	do enter the name of the	
new registered agent and/or the new registered of		ua, enter the name of the	
Name of Name Day Language Const.			
Name of New Registered Agent			
			
	(Florida street address)		
New Registered Office Address:	Company of the Compan	, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	tared Agents		
Thereby accept the appointment as registered agent. La		ept the obligations of the po	sition.
· · · · · · · · · · · · · · · · · · ·	"		

C:	Same of Marie Distriction I to	and the desiration is	

Signature of New 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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	EDDIE WILSON	2537 MACK ARTHUR RD.
Add			MULLINS, SC 29574
Remove			
2) Change	D	William Groover	305 Lakeview LN
X_Add			Winter Haven, FL 33884
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Art (Attach additional sheets, if necessary). 	(Be specific)
(Attach adoutional sheets, if necessary).	(пе ѕресінс)
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· · · · · · · · · · · · · · · · · · ·	
	and the state of t
. It an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate NA)	
	And the state of t
	The state of the s

The date of each amendment(s) as date this document was signed.	doption:	, if other than the
•	3RUARY 27, 2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
FEBRU Dated	JARY 27, 2017	
Signature Va	ctoria Williams	
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	VICTORIA WILLIAMS	
	(Typed or printed name of person signing)	- The read of the second
	SECRETARY	
	(Title of person signing)	