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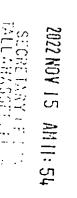
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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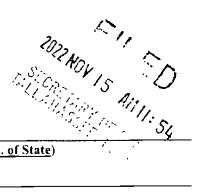
COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RMF Transportation, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan M Thomas Name of Contact Person RMF Transportation, Inc. Firm/ Company 3900 Woodlake Blvd - Suite 211 Address Lake Worth, Fl 33463 City/ State and Zip Code billing l@captainsairport.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 747-1363

Area Code & Daytime Telephone Number Susan M Thomas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee S35 Filing Fee **■\$43.75** Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



RMF Transportation, Inc.

(Name of Corporation as currentl	y filed with the Florida Dept. of State)
P17000017071	
(Document Number of	f 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:	
	The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	Electron and the second
Name of New Registered Agent	
(Florida str	act address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable ☐ 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	f 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 = Dir	rector; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO = Chief Financial Officer. If an officer/director he	olds 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	s 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 <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) 1873 SW Cecelia Lane Melvin L Thomas 1) ____ Change Port St Lucie, FI 34953 ____ Add Remove 2) X Change P VP Susan M Thomas 1873 SW Cecelia Lane Port St Lucie, Fl 34953 ____ Add Remove 3) Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add _ Remove

E. If amending or adding additional Articles, er (Attach additional sheets, if necessary). (Be s	iter change(s) here		
4elvin L Thomas died on September 19, 2022. 1	l	y of his death cortificate	Sugan M Thomas is now th
	nave enclosed a cop	y of his death certificate.	Susan wi Thomas is now in
wner of RMF Transportation, Inc			
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. If an amendment provides for an exchange, reprovisions for implementing the amendmen (if not applicable, indicate N/A)	t if not contained in	the amendment itself:	
Vith the death of Melvin L Thomas his 50% of iss	ued shares now goes	to Susan M Thomas (his	wife). Susan M Thomas
ow owns 100% of the issued shares.			
		_	
			· · · · · · · · · · · · · · · · · · ·

9-20-2022	
The date of each amendment(s) adoption:date this document was signed.	, if other than
9-20-2022 Effective date if applicable:	
	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through y must be separately provided for each voting group entitled to vote se	
"The number of votes east for the amendment(s) was/were suff	icient for approval
Susan M Thomas	
(voting group)	
Dated	
Signature (By a director, president or other officer – if selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
Susan M Thomas	
(Typed or printed name of	person signing)
Vice President	
(Title of person signing)	
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