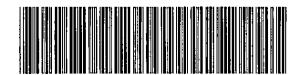
## P17000049882

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Entity Name)
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## COVER LETTER

TO: Amendment Section . .

Division of Corpe	orations .	•	
NAME OF CORPOR	tation: Hatz transpo	RT CORP	· •
	BER: P17000049882		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LEONARDO HATZIHIDIR	IS	
•		Name of Contact Person	1)
	HATZ TRANSPORT CORP		
		Firm/ Company	
	9180 EQUUS CIR		
•		Address	
BOYNTON BEACH, FL 33472			
•		City/ State and Zip Cod	e
	hatztransport(ægmail.com		
-		sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
LEONARDO HATZII	HDIRIS	at ( 561	376-6501
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ing Address Indirect Section Sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HATZ TRANSPORT CORP

HATZ TRANSPORT CORP	
(Name of Corporation as currently filed with the Florida	Dept. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation:	ion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpora "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporati "chartered," "professional association," or the abbreviation "P,A."	tted" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office understand and an arrangement of the control of t	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Studing utairess SIAT BE A FONT OFFICE BOA)	<del></del>
	<u></u>
D. If any adian the resistant agent and the resistant 65 and a feet florida at a th	
D. If amending the registered agent and/or registered office address in Florida, enter th new registered agent and/or the new registered office address:	e name of the
None A New Books and Louis	
Name of New Registered Agent	
	<u>P&gt;</u>
(Florida street address)	777
New Registered Office Address:	, Florida
(City)	(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 oblig	ations of the position.
Signature of New Registered Agent, 15 chang	ina
	***S
Check if applicable  The approximation information of the presentation (607-0120-011) and E.S.	
☐ 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: X Change	PT	John Doe	
X Remove	<u>\sqrt{}</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	PATRICK NORAME	9467 LAKE SERENA DR
X Add			BOCA RATON, FL 33496
Remove			
21 Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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	ng or adding addition: litional sheets, if necess	sary). (Be specific)	1		
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r					
<u>i an amer</u>	ndment provides for a s for implementing th	<u>n exchange, reclassi</u> e amendment if not	ncation, or cancellar contained in the an	<u>Hon of issued share:</u> endment itself:	<u>S.</u>
provision	t applicable, indicate N	7.4)	CONTROL IN THE MILE		
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		option:	, if other than th
date this document w	•		
Effective date if app		7/2021	
isirective date <u>it ajų</u>	meame.	(no more than 90 days after amendment file date)	
Note: If the date in: document's effective	serted in this bl date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as t
Adoption of Amend	ment(s)	( <u>CHECK ONE</u> )	
The amendment(s) action was not rec		oted by the incorporators, or hoard of directors without shareholder action and	l shareholder
		pted by the shareholders. The number of votes cast for the amendment(s). Theirent for approval.	
must be separated	ly provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
		or the amendment(s) was/were sufficient for approval	
by		(voting group)	
		(voting group)	
Da	09/27/2021 ted		
Sio	nature		
	(By a dir selected	rector, prevident or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ı	EONARDO HATZIHIDIRIS	
	_	(Typed or printed name of person signing)	<del></del>
	1	PRESIDENT	
	-	(Title of person signing)	<del></del>