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Office Use Only



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Amendico

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COVER LETTER

TO: Amendment Section. Division of Corporations NAME OF CORPORATION: Simplifreight Inc DOCUMENT NUMBER: P17000075875 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fatema Mawji Name of Contact Person Simplifreight Inc Firm/ Company 2005 Tree Fork, Lane Unit 125 Address Longwood FL 32750 City/ State and Zip Code fm@simplynas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 732 7117

Area Code & Daytime Telephone Number Fatema Mawji Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SIMPLIFREIGHT INC	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P17000075875	
(Docun	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	e:
(Principal office address MUST BE A STREET ADI	<u>DRESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BC	
	ي ب
	*** #F
D. If amending the registered agent and/or registerew registered agent and/or the new registered	ered office address in Florida, enter the name of the l office address:
Name of New Registered Agent	
	(Florida street address)
	Florida
New Registered Office Address:	(City) (Zıp Code)
New Registered Agent's Signature, if changing Re	gistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sia	nature 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	TONY SALAZAR	2005 TREE FORK LANE
X Add			UNIT 125
Remove			LONGWOOD FL 32750
2) Change	S	FATEMA MAWJI	
Add			
Remove 3) Change	S	MOHAMED MAWJI	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
			
<u> </u>	<u>-</u>		<u>.</u>
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f an amendment provides for an excl	nange reclassification or ca	ncellation of issued shares.	
provisions for implementing the ame	ndment if not contained in t	he amendment itself:	
(if not applicable, indicate N/A)			
····			

	10/05/2017	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	10/05/2017	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval,	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2017	
Dated		
Signature	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	opointed fiduciary by that fiduciary)	
	MOHAMED MAWII	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	