P18000003872

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amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NZ TRANSPORT	LINES, INC.	** · · ·
DOCUMENT NUMB	ER: P18000003872		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		ILIJA VRANJES	
-		Name of Contact Perso	חמ
		ELI TAX SERVICE, IN	C.
-		Firm/ Company	
	2900	W IRVING PARK RD, U	JNIT C-2
-	,	Address	· ··,
		CHICAGO, IL 60618	
_		City/ State and Zip Cod	le
		INFO@ELI.TAX	
-	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		202-1144
Name of	Contact Person	at (ar Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, F1. 32314	Amend Division The Co 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 usee, FL 32303

FILED

Articles of Amendment

Articles of Incorporation 2024 AUG - 6 AM 8: 18

NZ TRANSPORT LINES, INC.

(Name of Corporat	ion as currently filed	with the Florida Dep	t. of State)	
	P18000003872			
(Docu	ment Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Florida	a Profit Corporation a	dopts the following amenda	ment(s) t
A. If amending name, enter the new name of the c	orporation:			
			The nu	<i>1</i> РИ'
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A profe	ty." or "incorporated" ssional corporation n	or the abbreviation "Corp. ame must contain the wo	i." ord
3. Enter new principal office address, if applicable				
Principal office address <u>MUST BE A STREET AD</u>	DRESS)			-
				-
				_
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BO	<u></u>			~
				_
N 16				-
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in . office address:	Florida, enter the nan	se of the	
Name of New Revistered Agent				
Hume of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:			, Florida	
	(City)		(Zip Code)	
iew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with anc	l accept the obligations	of the position	
		y	ey promon	
			MA-9-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Signa	ature of New Registere	d 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 each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	- -	NAOMI M FUJIHARA ROMERO	8164 CYPRESS DR S
X Add				FORT MYERS, FL 33967
Remove				
2) Change			***************************************	
Add				
Remove 3) Change		_		
Add				<u> </u>
Remove				
4) Сһалде		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change		_		
Add		_		
Remove				

I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		adding additional Ar al sheets, if necessary).	. (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	slatement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated Signature X Herrorsa A	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	t been er court
NEMANJA ZIVANIC	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
PRESIDENT	
(Title of person signing)	