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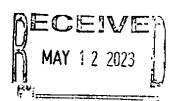
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: TGC Transport Inc DOCUMENT NUMBER: P18000025445				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person TGC TIANS DAT INC Firm/ Company 13727 SW 152nd St # 340 Address Miami FL 33177 City/ State and Zip Code JE-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at 186 250 9232 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

orporation as currently filed with the Florida Dept (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: 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.

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)

: : : :

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>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	1 Jain A Babilonia Tr	13727 Sw 152nd St #340
Add Remove 2) Change	P Kimberly Rochiquez	Mami FL 33177 13727 SW 15220 St
Add		#276
Remove Change		MIAMI FL 33177
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add	·	
Remove		

Attach addition	or adding addit onal sheets, if ne	ecessary). (Be	specific)				
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					<u> </u>		_
		.					
	<u> </u>			 .		<u> </u>	
			_				
_						_	
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f an amendn	nent provides f	or an exchange	, reclassificat	ion, or cancell	ation of issued	shares,	
if not at	or implementin oplicable, indica	ng the amendmente	Me II not cont	ained in the ai	<u>nenument itse</u>	<u>!!.</u>	
(9)	,	•					
						<u> </u>	 .
						<u> </u>	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: May 19 202 (no more than 90 days after amendment file date)	
(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, the document's effective date on the Department of State's records.	nis 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 shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided 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)	
Dated May 157 2023	
Signature (By a director, president or other officer – if directors or officers have not	heen
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Mesident	
(Title of person signing)	

BILL OF SALE

Date Sold: 4/27/2023

SELLER'S		BUYER'S		
Printed Name:	Kimberly Rodriguez	Printed Name:	Jairo A Babilonia Jr	
Address: 10620	SW 146TH CT	Address: 13	727 SW 152ND ST #340	
City: MIAMI		City: MIAI	MI	
State: FL	Zip: 33186	State: FL	Zip: 33177	
Home Phone: 78	6-972-8053	Home Phone:	786-250-9236	
Cell Phone: 78	6-972-8053	Cell Phone:	786-250-9236	
Work: 786-972	8053	Work: 786-2	250-9236	
100% FULL C		N ITEM THAT WAS	SOLD	
TGC TRANSP	ORT INC			
NO ASSETS				
NO LIABILITIE	S			
For the sum of	_{\$} 4,000	. Payment in form of	CASHIER CHECK	
	(Item's Value)		fform of payments	
DESCRIBED HER	INED. HEREBY SWEAR OF EIN AND THAT THE INFORMET TO THE BEST OF E	RMATION PROVIDE		
Signature of Seller:	4		Date: 4/27/2023	
Signature of Buyer:	Junnick)		Date: 4/27/2023	
ALLAN ANTONIO Notary Public, Stat Commission No (Commission Expires	e of Florida 3G950331			