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| PICK-UP WAIT MAIL |
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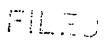
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: TERRAMIX TRA | NSPORT, CORP | | |
|--|---|--|--|--|
| DOCUMENT NUM | 1BER: P18000033405 | | | |
| | es of Amendment and fee are su | abmitted for filing. | | |
| Please return all corr | respondence concerning this ma | itter to the following: | | |
| | FABIANA DE BARROS | | | |
| | | Name of Contact Person | n | |
| | LEGIT CONSULTING SERVICES LLC | | | |
| | | Firm/ Company | | |
| | 6200 METROWEST BLVD | 201-D | | |
| | | Address | | |
| | ORLANDO-FL 32835 | | | |
| | - | City/ State and Zip Cod | c | |
| INF | O@LEGITCS.COM | | | |
| | | sed for future annual report | notification) | |
| | | • | · | |
| For further informati | on concerning this matter, pleas | se call: | | |
| FABIANA DE BARROS | | at (407 | de & Daytime Telephone Number | |
| 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: | |
| ■ \$35 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) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TERRAMIX TRANSPORT, CORP

| The new company," or "incorporation name must contain the DO METROWEST BLVD 201-D |
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| The new company," or "incorporation name must contain the DO METROWEST BLVD 201-D |
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| company," or "incorporated" or the abbreviation A professional corporation name must contain the 00 METROWEST BLVD 201-D |
| company," or "incorporated" or the abbreviation A professional corporation name must contain the 00 METROWEST BLVD 201-D |
| company," or "incorporated" or the abbreviation A professional corporation name must contain the 00 METROWEST BLVD 201-D |
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| LANDO-FL 32835 |
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| 00 METROWEST BLVD 201-D |
| LANDO-FL 32835 |
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| |
| Florida, enter the name of the |
| |
| |
| (ress) |
| |
| , Florida (Zip Code) |
| <u>n</u> |

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 | <u>PT</u> | John Doe | | |
|----------------------------|--------------|-------------------------|---------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| 1) Change | P | FABIO TEIXEIRA PERRELLI | 3090 YELLOW LANTANA LN | |
| Add | | | KISSIMMEE, FL 34747 | |
| X Remove | | | | |
| 2) X Change | <u>P</u> | ABOVE EAGLE LLC | 6200 METROWEST BLVD 201-D | |
| Add | | | ORLANDO-FL 32835 | |
| Remove | | | | |
| 3) Change | | | | |
| A d d | | | | |
| Remove | | | | |
| 4) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | - <u>-</u> | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| if an amendment provides for an eych | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| <u> </u> | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| (1) | o more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | neet the applicable statutory filing requirements, this date will not be listed as the e's records. |
| Adoption of Amendment(s) (CHEC | K ONE) |
| ■ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr | cholders. The number of votes cast for the amendment(s) oval. |
| | areholders through voting groups. The following statement up entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendr | ent(s) was/were sufficient for approval |
| by | |
| (voting | group) |
| ☐ The amendment(s) was/were adopted by the boa action was not required. | rd of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incoaction was not required. | rporators without shareholder action and shareholder |
| DECEMBER 19TH, 2018 Dated | |
| (By Adirector, preside) | for other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary) |
| FABIO TEIXE | IRA PERRELLI |
| (Ту | ed or printed name of person signing) |
| PRESIDENT | |
| | (Title of person signing) |