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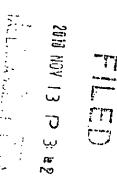
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRANSPORT FR	EIGHT INC	
DOCUMENT NUM	0.44.1.4000021.9		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	MANUEL SUAREZ RUIZ		
		Name of Contact Persor	1
	TRANSPORT FREIGHT IN	('	
		Firm/ Company	
	13120 SW 92 AVE APT B11	16	
		Address	
	MIAMI, FL 33176		
		City/ State and Zip Cod	c
AMT	faxserv@att.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MANUEL SUAREZ RUIZ		786 at (486-4982
Name	of Contact Person	Area Co	de & Daytime Telephone Number
linelosed is a check for	or the following amount made	payable to the Florida Dep:	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314			Address Intent Section
			on of Corporations
		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

TRANSPORT FREIGHT INC	ב בי עמע 100
(Name of Corporation as curre	rently filed with the Florida Dept. of State)
P18000061469	The second second
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi-	address in Florida, enter the name of the ress:
Name of New Registered Agent	
Municity sees registered Agent	
	(i street address)
New Registered Office Address:	, Florida
	(City) (Zip Coder
New Registered Office Address: N/A	a street address) (City)
<u>tistered Agent's Signature, if changing Registered Ag</u> accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position
· · · · · · · · · · · · · · · · · · ·	1 6 4 4
Signature of Ne	w 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.

Example: <u>X</u> Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ENRIQUE MORATO	9862 SW 1ST TERR
X Add			MIAMI, FL 33174
Remove			
2) Change			W
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add		······································	
Remove			

	(Attach additional sheets, if necessary). (Be specific)		
N/A			
· - · - ·			
····			
. <u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,		
pro	visions for implementing the amendment if not contained in the amendment itself:		
	(if not applicable, indicate N/A)		
\$/A			

	11/9/18	
The date of each amendment(s) a	doption:, i	if other than the
date this document was signed.	O/LO	
Effective date <u>if applicable;</u>	9/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement veach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting-group)	
	(voting-group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
11/9/18 Dated		
Signature	My Sunt	
(By a c	director, president or other officer, – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	MANUEL SUAREZ RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Same and the second