# P18000084309

| (Requestor's Name)  (Address)           |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (//dd/035)                              |
|                                         |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
| (6.1), 616.16.2.16.11.11.6.16.11)       |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Dusiness Entity Messa)                 |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
| DETAILED OF CIGITAL                     |
|                                         |
| Special Instructions to Filing Officer  |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
| N1C                                     |

Office Use Only



300413363783

08/07/23--01037--021 \*\*43.75

CHATHAM

CFP 1 2023

(C17/11) -7 PH 4: 33

## **COVER LETTER**

; >

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                                                                                 | ATION: PFC EXPRESS TR                       | UCKING, INC.                                                                                                                               |                                                                                        |  |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMB                                                                                  | D18000084300                                |                                                                                                                                            |                                                                                        |  |  |
| The enclosed Articles of                                                                       | of Amendment and fee are sub                | omitted for filing.                                                                                                                        |                                                                                        |  |  |
| Please return all corresp                                                                      | ondence concerning this mat                 | ter to the following:                                                                                                                      |                                                                                        |  |  |
|                                                                                                | ILIJA VRANJES                               |                                                                                                                                            |                                                                                        |  |  |
| -                                                                                              | Name of Contact Person                      |                                                                                                                                            |                                                                                        |  |  |
|                                                                                                | ELI TAX SERVICE, INC.                       |                                                                                                                                            |                                                                                        |  |  |
| -                                                                                              | Firm/ Company                               |                                                                                                                                            |                                                                                        |  |  |
|                                                                                                | 2900 W IRVING PARK RD, UNIT C-2             |                                                                                                                                            |                                                                                        |  |  |
| -                                                                                              | Address                                     |                                                                                                                                            |                                                                                        |  |  |
|                                                                                                | CHICAGO, IL 60618                           |                                                                                                                                            |                                                                                        |  |  |
| -                                                                                              |                                             | City/ State and Zip Code                                                                                                                   | e                                                                                      |  |  |
|                                                                                                |                                             | INFO@ELLTAX                                                                                                                                |                                                                                        |  |  |
| -                                                                                              | E-mail address: (to be us                   | ed for future annual report                                                                                                                | notification)                                                                          |  |  |
|                                                                                                | concerning this matter, pleas               |                                                                                                                                            | ) 202-1144<br>) de & Daytime Telephone Number                                          |  |  |
| Name o                                                                                         | f Contact Person                            | Area Co                                                                                                                                    | de & Daytime Telephone Number                                                          |  |  |
| Enclosed is a check for                                                                        | the following amount made p                 | 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 |                                             | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                                                                                        |  |  |

#### Articles of Amendment to Articles of Incorporation of

#### PFC EXPRESS TRUCKING, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) P18000084309 (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: TESLA VENTURE, INC. 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 MUST BE A STREET ADDRESS) 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: \_, Florida (City) (Zip Code) 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.

Signature of New Registered 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 Doe    |                 |
|-------------------------------|--------------------------|-------------|-----------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jones  |                 |
| X Add                         | <u>sv</u>                | Sally Smith |                 |
| Type of Action<br>(Check One) | Title                    | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |                          |             | <del></del>     |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 2) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| Remove 3) Change              |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 4) Change                     |                          |             | - 4             |
| Add                           |                          |             | . 3<br>. 3      |
| Remove                        |                          |             |                 |
| 5) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |
| 6) Change                     |                          |             |                 |
| Add                           |                          |             |                 |
| Remove                        |                          |             |                 |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                                         |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| (Attach adaittonal sneets, if necessary). (he specific)                                                                     |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             | <del></del> 3                           |
|                                                                                                                             | 7923                                    |
|                                                                                                                             | - <u>:</u>                              |
|                                                                                                                             | 1                                       |
|                                                                                                                             | 7                                       |
|                                                                                                                             |                                         |
|                                                                                                                             | ======================================= |
|                                                                                                                             | $\overset{\omega}{\omega}$              |
| F. If 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)                                                                                           |                                         |
| N/A                                                                                                                         |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |
|                                                                                                                             |                                         |

| The date of each amendment(s) ad                                                    | option:                                                                                                                                                                                 | , if other than the     |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| date this document was signed.                                                      |                                                                                                                                                                                         |                         |
| Effective date if applicable:                                                       |                                                                                                                                                                                         |                         |
|                                                                                     | (no more than 90 days after amendment file date)                                                                                                                                        |                         |
| <b>Note:</b> If the date inserted in this bl<br>document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date wipartment of State's records.                                                                                | II not be listed as the |
| Adoption of Amendment(s)                                                            | (CHECK ONE)                                                                                                                                                                             |                         |
| ■ The amendment(s) was/were ado action was not required.                            | pted by the incorporators, or board of directors without shareholder action an                                                                                                          | d shareholder           |
| ☐ The amendment(s) was/were ado by the shareholders was/were su                     | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.                                                                                          |                         |
|                                                                                     | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the umendment(s):                                             | 202                     |
| "The number of votes cast                                                           | for the amendment(s) was/were sufficient for approval                                                                                                                                   |                         |
| by                                                                                  | (voting group)                                                                                                                                                                          | 1                       |
|                                                                                     |                                                                                                                                                                                         | <u> </u>                |
| 06/26/2023<br>Dated                                                                 |                                                                                                                                                                                         |                         |
| Signature                                                                           | When Boliver                                                                                                                                                                            | FH 4: 33                |
| (By a di<br>selecteo                                                                | rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | <del></del>             |
|                                                                                     | VLADAN BILINAC                                                                                                                                                                          |                         |
|                                                                                     | (Typed or printed name of person signing)                                                                                                                                               |                         |
|                                                                                     | PRESIDENT                                                                                                                                                                               |                         |
|                                                                                     | (Title of person signing)                                                                                                                                                               |                         |

### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORA                                                                                | TION: PFC EXPRESS T                         | RUCKING, INC.                                                                                                        |             |                                                                                        |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------|--|
| DOCUMENT NUMBE                                                                                 | DIRAMAGAZAA                                 |                                                                                                                      |             |                                                                                        |  |
| The enclosed Articles of                                                                       | Amendment and fee are su                    | ibmitted for filing.                                                                                                 |             |                                                                                        |  |
| Please return all correspo                                                                     | ndence concerning this ma                   | atter to the following:                                                                                              | ;;          |                                                                                        |  |
|                                                                                                | ILIJA VRANJES                               |                                                                                                                      |             |                                                                                        |  |
| -                                                                                              | Name of Contact Person                      |                                                                                                                      |             |                                                                                        |  |
|                                                                                                | ELI TAX SERVICE, INC.                       |                                                                                                                      |             |                                                                                        |  |
|                                                                                                | Firm/ Company                               |                                                                                                                      |             |                                                                                        |  |
|                                                                                                | 2900 W IRVING PARK RD, UNIT C-2             |                                                                                                                      |             |                                                                                        |  |
| _                                                                                              | Address                                     |                                                                                                                      |             |                                                                                        |  |
|                                                                                                | CHICAGO, IL 60618                           |                                                                                                                      |             |                                                                                        |  |
|                                                                                                | City/ State and Zip Code                    |                                                                                                                      |             |                                                                                        |  |
|                                                                                                |                                             | INFO@ELI.T                                                                                                           | ΓAX         |                                                                                        |  |
| <del></del>                                                                                    | E-mail address: (to be us                   | sed for future annual                                                                                                | report      | notification)                                                                          |  |
| For further information co                                                                     | oncerning this matter, pleas                |                                                                                                                      | <b>7</b> 73 | 202-1144                                                                               |  |
| Name of C                                                                                      | Contact Person                              | at (                                                                                                                 |             | e & Daytime Telephone Number                                                           |  |
| Enclosed is a check for th                                                                     | e following amount made                     |                                                                                                                      |             |                                                                                        |  |
| ☐ \$35 Filing Fee                                                                              | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>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 |                                             | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |             |                                                                                        |  |

Tallahassee, FL 32303