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FLORIDA CORPORATIONS
TALLAHASSEE, FLORIDA
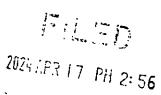
COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: Nothern Moving Systems Incorporated

DOCUMENT NUMBER: P19000012821

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Esposito
_____
Name of Contact Person

Northern Moving Systems Incorporated
_____
Firm/ Company

32 Trina Lane
_____
Address

Staten Island, NY 10309
_____
City/ State and Zip Code

jen@firstnationalvl.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Esposito _____ at (914) 279-9007
    Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐ $43.75 Filing Fee &   ■ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
               Certificate of Status   Certified Copy   Certificate of Status
                                (Additional copy is   Certified Copy
                                enclosed)   (Additional Copy
                                                      is enclosed)

Mailing Address	**Street Address**
Amendment Section	Amendment Section
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
to
Articles of Incorporation
of**

Northern Moving Systems Incorporated
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P19000012821
_____
(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:

____N/A_____*The new*
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)

10 Woodcott Dr
_____

Hamburg, NJ 07419
_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10 Woodcott Dr.
_____

Hamburg, NJ 07419
_____

_____

**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 ___N/A_____

_____
(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.

____N/A_____
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)

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	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	_____	_N/A_____	_____
___ Add			_____
___ Remove			_____
2) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
3) ___ Change	_____	_____	_____
___ Add			_____
___ Remove			_____
4) ___ Change	_____	_____	_____
___ Add			_____
___ 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)*

N/A

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) adoption: _N/A_____, if other than the
date this document was signed.

Effective date **if applicable:** _N/A_____
(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement 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 _N/A_____."
       (voting group)

Dated_ 4/16/24 _____

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jennifer Esposito _____
(Typed or printed name of person signing)

President _____
(Title of person signing)