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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: NERITRANS CO	RP <del></del>	
DOCUMENT NUMBER:	P19000017656	<del></del>	
The enclosed Articles of Art		bmitted for filing.	
Please return all correspond	lence concerning this mat	ter to the following:	
ALV	'ARO GUEVARA		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
NER	ITRANS CORP		
*		Firm/ Company	
101 1	NW 58TH CT		
		Address	•
MIA	MI, FL 33126		
	<u>-</u>	City/ State and Zip Code	
4GLOBAL	.CORP@GMAIL.COM		
	•	ed for future annual report	notification)
For further information con	cerning this matter, pleas		912-9444
		at (305	de & Daytime Telephone Number
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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)
Division e P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

SEURE TRACESTATE :: 29 YEAR 30 YEAR 30

## Articles of Amendment to Articles of Incorporation of

**NERITRANS CORP** 

(Name of Corporation	on as currently filed with the Flor	rida Dept. of State)	
P19000017656			
(Docum	nent Number of Corporation (if known	wn)	
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	a Statutes, this Florida Profit Corpo	oration adopts the following	z amendment
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A professiona		- obreviation
B. Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u> )		
	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	)X)		
	<del></del>		
			<del></del>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		r the name of the	
	ottice address.		-
Name of New Registered Agent			(d) (1)
	(Florida street address)		
	troma antermaneasy		မြော်
New Registered Office Address:	(City)	, Florida (Ziv C	ode) ₹
	·	•	
			153 in 20 in
New Registered Agent's Signature, if changing Reginerby accept the appointment as registered agent.		bligations of the position	;; 
nereny accept the appointment as registered agent.	r am juminur with and accept the t	онданова ој те ромиот.	

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	ROBERTO CABRERA	101 NW 58 CT
Add			MIAMI, FL 33126
X Remove			
2) Change	P	ALVARO GUEVARA	101 NW 58 CT
X Add			MIAMI, FL 33126
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			<del></del>
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	ttach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	an amendment provides for an exchi-	ange, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	Tament (1100 contained in the antenanten light)
	<del>.</del>	
		<del></del>
		<del></del>

The date of each amendment(s)	adoption:	, 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 document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/25/2	019	
Dated		
Signature		
	director, president or other officer – if directors or officers have not been	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ALVARO GUEVARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	