P19000050002

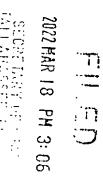
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLOCKCHAIN T	RUCK INC	
	BER: P19000050002		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALBERTO PEREZ		
		Name of Contact Person)
	STAR TAX SERVICES INC		
		Firm/ Company	
	1255 W 46 ST. STE. 23		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	2
	NESTORCINTRASS@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (556-2707
Name	of Contact Person	ar (Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BLOCKCHAIN TRUCK INC

2022 HAR 18 PM 3: 07

(Name)	of Corporation as currently filed with the Florida Dept. of State) SECREBARY OF S
P19000050002	TALLAHASSEE, FI
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new n	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrarted," "professional association,"	The new in the word "corporation," "company," or "incorporated" or the abbreviation "Corp" Corp," "Inc," or "Co". A professional corporation name must contain the word " or the abbreviation "P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A.S.</u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office address in Florida, enter the name of the
Name of New Registered Agent	NESTOR M CINTRA DE LA CRUZ
	4413 NW 185 ST
	(Florida street address)
New Registered Office Address:	MIAMI GARDENS 33055
	(City) (Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as registed. Check if applicable	changing Registered Agent: stered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing
☐ The amendment(s) is/are being filed p	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 <u>PT</u> John Doe X Remove \underline{V} Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) NESTOR M CINTRA DE LA CRUZ 4413 NW 185 ST 1) ____ Change MIAMI GARDENS, FL 33055 _ Add __ Remove VPSADIEL CINTRA DE LA CRUZ 4413 NW 185 ST Change MIAMI GARDENS, FL 33055 ____ Add Remove 3) Change ____ Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change Add __ Remove 6) ____ Change ____ Add ____ Remove

	if necessary). (Be specific)	
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an amendment provide	es for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implement (if not applicable, ind	nting the amendment if not contained in the amendment itself: dicate N/A)	
11	,	

The date of each amendment(s) adoption date this document was signed.	ii	, if other than the
03/14/2022		
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block document's effective date on the Departme	bes not meet the applicable statutory filing requint of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for for approval.	the amendment(s)
	by the shareholders through voting groups. The joing group entitled to vote separately on the am	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/14/2022 Dated	4	
selected, by an	president or other officer – if directors or officer i incorporator – if in the hands of a receiver, trus ciary by that fiduciary)	
NESTO	OR M CINTRA DE LA CRUZ	
 	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	