P19000069448

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T. LEMIEUX DEC 14 2021

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: DORCELANT KI	NG LOGISTICS SOLUTION	ON INC.			
DOCUMENT NUMB						
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.				
Please return all corres	spondence concerning this ma	itter to the following:				
	Willio Dorcelant					
	Name of Contact Person					
	Firm/ Company					
	L'artibonite Taxi Freight Inc					
		Address				
	605 E Algonquin Rd ste 230.	, Arlington Heights IL 6000	5			
		City/ State and Zip Code				
	support@prospectle.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	r concerning this matter, plea	se call:				
Willio Dorcelant		at (5037359			
Name of Contact Person		Area Coc	le & Daytime Telephone Number			
Enclosed is a check fo	the following amount made	payable to the Florida Depa	rtment of State:			
S35 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. Box 6327		Amendi Division	Address ment Section n of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DORCELANT KING LOGISTICS SOLUTION INC.

DONCELANT KING LOGISTICS SOLUTION INC.		177
P19000069448	on as currently filed with the	e Fiorida Dept. of State)
	nent Number of Corporation (i	if known)
Pursuant to the provisions of section 607,1006, Floridaits Articles of Incorporation:	•	•
A. If amending name, enter the new name of the co	orporation:	
L'ARTIBONITE TAXI FREIGHT INC		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional of	incorporated" or the abbreviation "Corp"
B. <u>Enter new principal office address,</u> if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
	-	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
		<u> </u>
If amending the registered agent and/or register new registered agent and/or the new registered agent.	red office address in Florida,	enter the name of the
		S I
Name of New Registered Agent		
	(Florida street address)	
	ir iorad sireer adaressy	17
New Registered Office Address:	(City)	Florida
New Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	l am familiar with and accept	the obligations of the position
Signa	ture of New Registered Agent,	ij changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 6	507.0120 (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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be P1D$

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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_	-	
Add			
Remove			

f amending or adding additi attach <i>odditional sheets, if nec</i>	cessary) – (Be spec	cific)			
					
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		·····			
		<u> </u>			
					-
an amendment provides for	<u>r an exchange, rec</u>	lassification, or c	ancellation of iss	ued shares,	
rovisions for implementing (if not applicable, indicate	<u>the amendment if</u> « X/AY	not contained in	the amendment	<u>itself:</u>	
(y many y manner, maneral	,				
· · · · · · · · · · · · · · · · · · ·					
					
				·	
		,,			

The date of each amendment(s) adopt	11/17/2021 ion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date vment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	nd by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11/17/2021 Dated		
	lo Porcelant	
selected, by	or, president or other officer—if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Will	lio Dorcelant	
	(Typed or printed name of person signing)	
PRE	SIDENT	

(Title of person signing)