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OCT 25 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations --

NAME OF CORPORA	TION: ZANGA TRANSP	ORT CORP	
DOCUMENT NUMBE	P19000070586		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
N	OROLD D RAMOS		
_	-	Name of Contact Person	1
Z	ANGA TRANSPORT COR	RP.	
_		Firm/ Company	
78	85 W 55 PL		
_		Address	
11	IALEAH , FL 33012		
_		City/ State and Zip Cod	e e
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Norold D. Name of	Ramos Contact Person	at ()86 Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
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)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327 assee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZANGA TRANSPORT CORP

(Name of Corpora	tion as currently	filed with the Florida	Dept. of State)	
P1900070586				
(Docu	iment Number of C	Corporation (if known))	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>FI</i>	orida Profit Corpora	tion adopts the follow	ving amer
A. If amending name, enter the new name of the o	corporation:			
				The
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p, " "Inc," or "Ce	o". A professional c		
B. Enter new principal office address, if applicab	le:			
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS)			
			-	F 3
C. Enter new mailing address, if applicable:	(2887)			* **
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>O</u> X)			:
D. If amending the registered agent and/or regist	ered office addres	ss in Florida, enter th	ne name of the	F: 3: 32
new registered agent and/or the new registered		o I ivitata, circa ii	t Halle of the	30
Name of New Registered Agent				
	(Florîda stree	t address)		
New Registered Office Address:			, Florida	
The Megalitett Office Hawton.	(C	lityy		(ip Code
N D				
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		th and accept the oblig	gations of the positio	n.
	2 17 15	11 10		
Sig	mature of New Reg	gistered Agent, if chan	iging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter <math>o_i$ 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT a Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change PT	John Doe			
X Remove <u>V</u>	Mike Jones			
X Add SV	Sally Smith			
Type of Action Title (Check One)	Name	Address		
1) Change	Evenly D BUENO	785 W 55 PL		
Add		HIALEAH, FL 33012		
X Remove				
2) Change	(P) NAROLD D RAMOS	785 W 55 PL		
X Add		HIALEAH, FL 33012		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Character Charac				
6) Change				
Add Remove				

	ng or adding add ditional sheets, if					
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<u>fan amei</u>	ndment provides	s for an exchang	<u>e, reclassificat</u>	ion, or cancellat	ion of issued sha	ares,
provision (if nc	<mark>ns for implement</mark> ot applicable, indi	<u>ing the amendn</u> icate N/A)	<u>nent if not cont</u>	ained in the ame	endment itself:	
. ,						
			·····			
					·	

The date of each amendment(s) addate this document was signed.	option:, if
Effective date if applicable:	
<u>ir uppireume</u> .	(no more than 90) days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
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 amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	······································
,	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
09/24/2019 Dated	Andrew -
(By a d. selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	NAROLD D RAMOS
	(Typed or printed name of person signing)
	PRESENT
	(Title of person signing)