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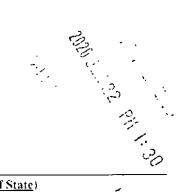
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YEINSY TRANSF	PORT INC	<u> </u>
DOCUMENT NUMB	P20000007715		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YEINSY CABRERA MORE	NO	
		Name of Contact Persor	1
	YEINSY TRANSPORT INC		`
	 -	Firm/ Company	
	6019 N OLIVE AVE	•	
		Address	
	TAMPA FL 33614		
		City/ State and Zip Code	
YEIN	SYC@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	i concerning this matter, pleas	se call:	
YEINSY CABRERA MORENO		407	de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
\$35 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 Tallahassee, 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



YEINSY TRANSPORT INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000007715	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6019 N OLIVE AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA FL 33614
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6019 N OLIVE AVE
(Managanares <u>Mary managan</u>	TAMPA Ft. 33614
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>'88:</u>
Name of New Registered Agent	
i Elwida	street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change	VP		ISBEL MIGUELES YERA	6019 N OLIVE AVE	
X Add		_		TAMPA FL 33614	
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

	icles, enter change(s) here: (Be specific)	
-	<u> </u>	
,	-	
I Canada anno a description and a second	hange, reclassification, or cancellation of issued shares,	
ti an amendment provides for an exel		
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	-

The date of each amendment(s	s) adoption: if other than the
date this document was signed.	
	06/17/2020
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
	(no more man or tays after amenanche na vale)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) te 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 of	east for the amendment(s) was/were sufficient for approval
by	<u> </u>
•	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	adopted by the meotporators without shareholder action and shareholder
06/17/3	:020
Dated	
Signature	y Cabrera
(By sele	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	YEINSY CABRERA MORENO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)