P20000017291

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section

Division of Corporations Odessa Four Transport The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: dessa Four Transport Chablanca Dr Address FL 33023 For further information concerning this matter, please call: Cleveland Ingram at (772) 216-7401

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee 13.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Odessa Four Transpar	H Inc.
(Name of Corporation as currently fil	
P 2 0000017291	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "complian," or Co.," or the designation "Corp," "Inc," or "Co". A pre "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 SU HAR 12 AH 7: 00
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida street o	
New Registered Office Address: City	, Florida (Zip Code)
	and accept the obligations of the position. tered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed 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.

X Change	<u>PT</u> <u>John E</u>	Doc	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	YP_	Denzell Ingram	3603 Ave L
Add _X Remove			Fort Pierce FL 34947
2) Change	CFU	April F Smith	2321 CASABIRACA Dr Miramor, FL 33023
Add Remove Change	CFO	April F. Smith	
Add			
Remove 4) Change		NA	
Add		'	
Remove		NIN	
5) Change Add			
Remove		~ 1	
6) Change		<u> </u>	
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i>	g or adding additional sheets, if nec	onal Articles, ento essary). (Be spe	er change(s) here ecific)	<u>e</u> :		
NIA	· r					
						
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F. If an amen	dment provides for	r an exchange, re	classification, or	cancellation of is	sued shares.	
provisions	for implementing applicable, indicate	the amendment	if not contained	in the amendmen	t itself:	
(ij noi	i A	e iva)				
	H/ *					
						
						
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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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
Signature (By a director, president or other-officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	
Signature (By a director, president or other-officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) President	

. . . .