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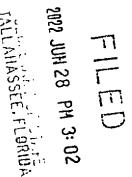
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION ON TIME TRAN	S INC.
DOCUMENT NUMBER P20000027638	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
LIA ARGUELLES	
	Name of Contact Person
	Firm/ Company
202 SW 79TH CT	
	Address
MIAMI FL 33144	
	City/ State and Zip Code
arguelleslia25@yahoo.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plea	ase call:
LIA ARGUELLES	at (786) 609-7948
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ON TIME TRANS INC.				
(<u>Name of</u>	Corporation as currently	filed with the Florida l	Dept. of State)	
P20000027638				
	(Document Number of	Corporation (if known)		
(Name of Corporation as currently filed with the Florida Dept. of State)				
A. If amending name, enter the new na	me of the corporation:			
				The new
"Inc.," or Co.," or the designation "Co	orp," "Inc." or "Co". A			
		202 SW 79TH CT M	IAM1 FL 33144	
		· · · ·		
				
		202 SW 79TH CT MI	AMERI 33144	
(Mailing address MAY BE A POST O	FFICE BOX)	202 3W 77111 CT WI	AMITE DITA	
		_		
				
			name of the	
new registered agent and/or the new	registered office address:			202
Name of New Registered Agent	LIA ARGUELLES			~° ⊆ -
	202 SW 79TH CT		HAS	
_	(Florida stre	et address)	ے– نیبا	28
New Registered Office Address:	MIAMI		. Florida 3 <u>31</u> 44-	D L
		(City)		odeli C
			<u> </u>	0.
No. Buriatana A anno Circum a Tal	and a Dadwa ad Access		Þ.	10
		rith and accept the obliga	tions of the position.	
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		1/4		
	Signal and of New P	wistored toget if shows		
	signature oj ivew Ke	gistered Agent, if changi	"g	

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	SOCARRAS, YORDANY	19242 NW 89TH AVENUE
Add			HIALEAH, FL 33018
X Remove			
2) Change	DIR	CAMEJO, IRINA	19242 NW 89TH AVENUE
Add			HIALEAH, FL 33018
X Remove Change	PT	LIA ARGUELLES	202 SW 79TH CT MIAMI FL 33144
X Add			
Remove			2022 TALL
4) Change			TANK T
Add			28 <u>SSE</u>
Remove			m _p _z [T
5) Change		_	3: 02
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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	JUN 28	 !
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
. ,		
		
·		

The date of each amendment(s) ado date this document was signed.	ption:, if ou	ner than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	isted as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group) TALL AHASSI 12022	T
1100	NAX 2	
Dated 612	7/2022	1
	EE. P	· · ·
Signature Z	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	\cup
	by an incorporator – if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)	
appointed	I fiduciary by that fiduciary)	
	LIA ARGUELLES	
_	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_