## P20000052079

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| Special Instructions to F | Filing Officer:   |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: BELOW ZERO TE   | RANSPORTATION SERV   | ICES INC   |
|-------------------------|---|--|--|
|                         | BER: P20000052079   |  |  |
|                         | of Amendment and fee are su   | bmitted for filing.  |  |
| Please return all corre | spondence concerning this ma  | tter to the following:   |  |
|                         | MORENO, YUSIMY  |  |  |
|                         |   | Name of Contact Person   | l  |
|                         | BELOW ZERO TRANSPOR   | RTATION SERVICES INC   |  |
|                         | •   | Firm/ Company  |  |
|                         | 1515 DOMAS DR   |  |  |
|                         |   | Address  |  |
|                         | JACKSONVILLE, FL 32211  | l  |  |
|                         | ·   | City/ State and Zip Code   | •  |
|                         | SADJ27@AOL.COM  |  |  |
|                         | E-mail address: (to be us   | sed for future annual report                                       | notification)  |
| For further information | n concerning this matter, pleas   | se cali:<br>at (at   | 6547308  |
| Name of Contact Person  |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check fo  | or the following amount made  | payable to the Florida Depa  | artment of State:  |
| S35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status                                 | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                     |
| Am<br>Div<br>P,O        | endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 i                               | Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

## BELOW ZERO TRANSPORTATION SERVICES INC

12 12

| (Name o   | of Corporation as currently filed with the Florida Dept. of State)   |                        |
|---|--|------------------------|
| P20000052079  |  |                        |
|   | (Document Number of Corporation (if known)   |                        |
| Pursuant to the provisions of section 607. its Articles of Incorporation:           | 1006, Florida Statutes, this Florida Profit Corporation adopts the fol   | lowing amendment(s) to |
| A. If amending name, enter the new na   | ame of the corporation:  | The new                |
|   | the word "corporation," "company," or "incorporated" or the abbre<br>lorp," "Inc," or "Co". A professional corporation name must c<br>or the abbreviation "P.A." | eviation "Corp.,"      |
| B. Enter new principal office address, (Principal office address MUST BE A S        |  |                        |
|   |  | 23                     |
| C. Enter new mailing address, if appli  | ieuble:  | ت.،                    |
| (Mailing address MAY BE A POST)   |  | <del></del>            |
|   |  | <del></del>            |
|   |  | : :                    |
| D. If amending the registered agent an<br>new registered agent and/or the new       | id/or registered office address in Florida, enter the name of the wregistered office address:  | : 05                   |
| Name of New Registered Agent  | CARLOS ALBERTO LOPEZ MESTRE  |                        |
|   | 1515 DOMAS DR JACKSONVILLE, FL 32211   |                        |
|   | (Florida street address)   |                        |
| New Registered Office Address:  | , Florida  | <del></del>            |
|   | (City)   | (Zip Code)             |
|   |  |                        |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist | hanging Registered Agent: tered agent. Lam familiar with and accept the obligations of the posi-   | ition.                 |
|   | Signature of New Registered Agent, if changing   |                        |
| Check if applicable  ☐ The amendment(s) is/are being filed p                        | oursuant 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)

١.,

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<br>(Check One) | Title     | <u>Name</u>            | <u>Addres</u> s        |
| 1) Change                     | P         | MORENO, YUSIMY         | 1515 DOMAS DR          |
| Add                           |           |                        | JACKSONVILLE, FL 32211 |
| X Remove                      |           |                        |                        |
| 2) Change                     | P         | CARLOS A. LOPEZ MESTRE | 1515 DOMAS DR          |
| X Add                         |           |                        | JACKSONVILLE, FL 32211 |
| Remove 3 ) Change             |           |                        |                        |
| Add                           |           |                        |                        |
| Remove                        |           |                        | <del></del>            |
| 4) Change                     |           |                        |                        |
| Add                           |           |                        |                        |
| Remove                        |           |                        |                        |
| 5) Change                     |           |                        |                        |
| Add                           |           |                        |                        |
| Remove                        |           |                        |                        |
| 6) Change                     |           |                        |                        |
| Add                           |           |                        |                        |
| Remove                        |           |                        |                        |

| If amending or adding additional Art (Attach additional sheets, if necessary). | (Be specific)   |  |                                       |                 |
|--|---|--|---------------------------------------|-----------------|
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| Te a second en acceptant   |   |  |                                       |                 |
| If an amendment provides for an exclusions for implementing the ame            | name, reciassification, on<br>indiment if not contained | r cancenation of iss<br>I in the amendment | itself:                               |                 |
| (if not applicable, indicate N/A)  |   |  |                                       |                 |
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| <b>~ '</b>  | 9/17/2020   |   |
|---|---|---|
| The date of each amendment(s) ad date this document was signed.                   | option:   | if other than the                                     |
| Effective date <u>if applicable</u> :   |   |   |
|   | (no more than 90 days after amen  | dment file date)                                      |
| <b>Note:</b> If the date inserted in this bl document's effective date on the Dep |   | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |   |
| ■ The amendment(s) was/were adopaction was not required.                          | oted by the incorporators, or board of directors  | without shareholder action and shareholder            |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suf              | oted by the shareholders. The number of votes ficient for approval.                                 | east for the amendment(s)                             |
|   | oved by the shareholders through voting group each voting group entitled to vote separately or      |   |
| "The number of votes east I   | or the amendment(s) was/were sufficient for a   | pproval   |
| by  |   | <del>"</del>  |
|   | (voting group)  |   |
|   | ector, president or other officer - if directors of by an incorporator - if in the hands of a recei |   |
|   | arlos A. Loger He (Typed or printed name of person si   |   |
|   | (Typed or printed name of person si   | ening)  |
|   | $\bigcirc$  |   |
|   | (Title of consum denisor)   |   |
|   | (Title of person signing)   |   |