P20 000 059 384

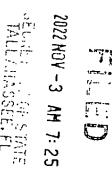
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of 2/1/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: LESSA TRANSPO	ORT INC	
DOCUMENT NUME	P20000059384		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ALEXANDRE LESSA		
		Name of Contact Persor	1
		Firm/ Company	
	11914 GRANITE WOODS I	LOOP	
		Address	
	VENICE, FL 34292		
		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ALEXANDRE LESS	A	at (320-2920
Name e	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

LESSA TRANSPORTING	2022 NOY -3 AM 7: 25
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P20000059384	SEURL WAY USE STATE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poratien:
LESSA SERVICES & TRANSPORT INC	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: 'am familiar with and accept the obligations of the position.
Signa	ture 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		 	
	-		<u> </u>
	<u> </u>		
			<u> </u>
		<u> </u>	
			
			<u> </u>
		<u> </u>	
			-
f an amendment provides for an exch	nange, reclassifica	ion, or cancellation of issue	i shares,
provisions for implementing the ame	ndment if not con	ained in the amendment its	elf:
(if not applicable, indicate N/A)			
			
			
			

	11/01/2022		
The date of each amendment(s) a date this document was signed.	doption:		, if other than the
	01/2022		
Effective date <u>if applicable</u> :	(no more than 90 de	ays after amendment file date)	
Note: If the date inserted in this document's effective date on the D		le statutory filing requirements, this date wil	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad by the shareholders was/were s		imber of votes cast for the amendment(s)	
		h voting groups. The following statement e separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were st	ufficient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors wit	shout shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without	t shareholder action and shareholder	
11/01/202	2		
Dated Signature			
(By a select		if directors or officers have not been ands of a receiver, trustee, or other court	_
	ALEXANDRE LESSA		
	(Typed or printed nan	ne of person signing)	
	PRESIDENT		
	(Title of g	person signing)	