020000 64954

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I ALBRITTON

COVER LETTER

NAME OF CORPORATION: IGM TRANSPORT INC. DOCUMENT NUMBER: P2000064954
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person IGM TRANS PORT INC Firm/ Company 401 N 70 AVE Address Holly Wood, FL 33024 City/ State and Zip Code belot Lisa & hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: JEAN ABEL MARS: at (786) 274 082.6
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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$552.50 Filing Fee \& \Bigcup \\$652.50 F

Mailing Address

TO: Amendment Section

Division of Corporations

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

is enclosed)

Articles of Amendment to

Articles of Incorporation of

IGM TRANSPORTIN		
(Name of Corporation as currently	filed with the Florida Dept.	of State)
P200000	64954	
(Document Number of		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		T2
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" o professional corporation na	The new or the abbreviation "Corp.," ome must contain the word
D. Unter new principal office address: if applicables	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		20 - 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/H	
100 dan 100 (100 100 100 100 100 100 100 100 10		<u> </u>
		 ව
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ess in Florida, enter the nam	ne of the
401 N 7	O A-VE et address)	
New Registered Office Address: Holly WOOD	City)	Florida 33024 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations	of the position.

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name .	Address
(Check One) 1) Change	P	JEAN ABEL MARS.	401 N 70 AVE Hollywood FC 33024
Add			Hollywood FC 33024
Remove			/
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Macin anal) U. K. M	itional sheets, if necessary). (Be specific) Complete NAME 15 JEAN ABÉ LES COULD KIKE TO Add JEAH.	_
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If an amen	dment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions	s for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
(9	Approximation of the state of t	
-		

The date of each amendment(s) adoption: 9/3/2020	, if other than the
date this document was signed. $9/16/2000$	
Effective date if applicable: // /5 /6 (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 will not document's effective date on the Department of State's records.	ot 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 and shaction was not required.	areholder
☐ 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)	
Dated 9/3/2020	
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)	
JEAN ABEL MLARS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	