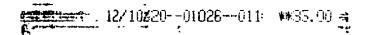
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NAPOL TRANS I	N'C	
DOCUMENT NUMB	ER: P20000088109		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ALEXANDER NAPOLES P	REVAL	
•		Name of Contact Person	1
		Firm/ Company	
	8664 DH.IP LN APT 305		
		Address	
	NAPLES, FL 34104		
•		City/ State and Zip Code	
	INFO@TYGLOBALC.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ALEXANDER NAPO	LES PREVAL	at (336-1585
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
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

NAPOL TRANS INC			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000088109			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
NAPOL TRUCKING INC	<u>.</u>	The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8664 DILIP LN	
		APT 305	
		NAPLES, FL 34104	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8664 DILIP LN APT 305	
		APT 305	
		NAPLES, FL 34104	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent ALEXANDER NAPOL		ES PREVAL ~	
Name of New Registered Agent	8664 DILIP LN APT 305		
Now Registered Office Address:	(Florida s	treet address)	
New Registered Synce Address.		(City) S = (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	ered agent. I am familian	nt: with and accept the obligations of the position. Registered 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)

Example:

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding ac Attach additional sheets, j	f necessary). (Be sp	ecific)		
				•
		<u>.</u>		
				
				
	_			
				
·				
				
f an amendment provide provisions for implemen	es for an exchange, re	classification, or can	ellation of issued sha	res,
(if not applicable, ina	iting the amendment licate N/A)	if not contained in the	e amendment itself:	
	,			
			 _	
			- 	
_				
				
				

	12/08/2020	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
12/0 Effective date if applicable:	8/2020	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes east for ficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the ac	
"The number of votes cast	or the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	•
12/08/2020 Dated	And I	
(B <u>sé a di</u> selecteo	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	ers have not been istee, or other court
	ALEXANDER NAPOLES PREVAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	