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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: SILK WRY Freight 11C DOCUMENT NUMBER: P210000 6013
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Abysanot Eseron Name of Contact Person Silk way freight in C Firm/ Company (2049 piooner way 2140 Address Oclarbo, Fl 72832 City/ State and Zip Code Abdysanot O outlook. was E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
A. G. Sy Sanut at (917), 270-2528 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: S35 Filing Fee Syd3.75 Filing Fe
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

0:11	of c)	C_{CO}	ight	iac	
(Name of Corporation	as currently 6	7		$\frac{1}{1}$	· · · · · · · · · · · · · · · · · · ·
Name of Corporation			<u>та рерг. от знасе</u> 2	<u> </u>	
Document Programmer	y Number of C	orporation (if know	<u>></u>		
(Bocamen	it Number of C	orporation (if know	11)		
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Fla	rida Profit Corpor	ation adopts the	following ame	ndment(s) to
A. If amending name, enter the new name of the corp	oration:				
Snteov inc				The	
name must be distinguishable and contain the word "corportine,," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A p	pany," or "incorpo rofessional corpore	orated" or the about	breviation "Co	ro "
B. Enter new principal office address, if applicable:		10290	12914	Ter	
(Principal office address MUST BE A STREET ADDRI	ESS)	Large	, FL	3377	<u>-</u> 3
		·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				26	
<u> </u>	•			- <u> </u>	
	_			27# 20 20	
			- · · · · · · · · · · · · · · · · · · ·	1	
D. If amending the registered agent and/or registered	l office address	in Florida, enter	the name of the		-
new registered agent and/or the new registered off					
Name of New Registered Agent				ω	
				 1 \	
	(Florida street	address)			
New Registered Office Address:			, Florida		
	(Ci	(A)		(Zip Code)	
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I am	ered Agent: m familiar with	and accept the obl	igations of the pe	osition.	
Signatia	re of New Regis	stered Agent, if char	nging		
Charle if applicable		- •			

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	<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>	Name	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
	-	

If an amendment provides for an exch	ange, reclassification, or cancellation idment if not contained in the amendi	of issued shares,
(if not applicable, indicate N/A)	different if not contained in the amendi	ment riserr.
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		

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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ar ficient for approval.	nendment(s)
The amendment(s) was/were app faust be separately provided for	roved by the shareholders through voting groups. The following aroup entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
	(voting group)	
Signature (By a directed	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	ABDYSANAT	
•	(Typed or printed name of person signing)	
	ow ner	
- -	(Title of person signing)	 -