## P21000015071

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## **COVER LETTER**

TO: Amendment Section → Division of Corporations

NAME OF CORPORATION: ALFA TRANSPORT SERVICES INC DOCUMENT NUMBER: P21000015071 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DANIAN ALFARO SOSA Name of Contact Person PRESIDENT Firm/ Company 2009 N EAST COAST ST Address LAKE WORTH, FL 33460 City/ State and Zip Code YANDY@TYGLOBALC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (717 ) 383-8209
Area Code & Daytime Telephone Number DANIAN ALFARO SOSA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & ■ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Arti

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to	<i>F</i> .
cles of Incorporation	200
of	2021 MAR - E
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ALFA TRNSPORT SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P21000015071 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ALFA TRANSPORT SERVICES INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2009 N EAST COAST ST B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LAKE WORTH, FL 33460 C. Enter new mailing address, if applicable: 2009 N EAST COAST ST (Mailing address MAY BE A POST OFFICE BOX) LAKE WORTH, FL 33460 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: DANIAN ALFARO SOSA Name of New Registered Agent 2009 N EAST COAST ST (Florida street address) LAKE WORTH New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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) X Change	Р	DANIAN ALFARO SOSA	2009 N EAST COAST ST
Add			LAKE WORTH, FL 33460
Remove			
2) Change			
Add			
Remove			
3 ) Change			_
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

secon determination and the processing /.	ticles, enter change(s) here: (Be specific)
	. <u>. ,</u>
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
Life at marking the indiana WIN	
(if not applicable, indicate N/A)	
(у пов аррисавіе, такане N/A)	
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	03/02/2021	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	02/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(	
<b>Note:</b> If the date inserted in this I document's effective date on the Document's effective date on the Document's effective date on the Document's effective date.	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendation of the sproval.	dment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sha	
·		
03/02/202 Dated	1	
Dateu	<u> </u>	
Signature	The state of the s	ot hoon
	Prector, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other	
	ted fiduciary by that fiduciary)	ici court
арроп	ded fiduciary by may fiduciary	
	DANIAN ALFARO SOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	