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2021 JULY -7 PH 2: 42

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NOMAR TRANSPORTATION CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NORLAN DE LA ROSA Name of Contact Person NOMAR TRANSPORTATION CORP Firm/ Company 530 NW 109TH AVE # 505-5 Address MIAMI, FL. 33172 City/ State and Zip Code NORDELAROSA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NORLAN DE LA ROSA at (786 ANY TIME 419-5838

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dep	t. of State)	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation is		
B. Enter new principal office address, if applicable:	, <u>, , , , , , , , , , , , , , , , , , ,</u>		
(Principal office address MUST BE A STREET ADDRESS)			
		<u></u>	
	· · · · · · · · · · · · · · · · · · ·	- 147	
C. Passa and matter address (Complicable)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
	- -		
			
D. If amending the registered agent and/or registered office add		me of the	
new registered agent and/or the new registered office addres	<u>s:</u>		
Name of New Registered Agent			
(D) with a	reet address)		
(r tortau si	reet aaaress)		
New Registered Office Address:		_, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	<i>.</i>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligation	is of the position.	2021 JUT - 7
			ــــ
			<u>:</u> :
Signature of New I	Registered Agent, if changing		-7
Check if applicable			-0
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.		P3 .

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) X Change	P	_	NORLAN DE LA ROSA	530 NW 109TH AVE # 505-5
Add				
Remove				
2) Change		_		
Add				
Remove Change				
Ad d				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	**************************************	
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change		_		
Add				
Remove				

. If amend (Attach aa	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
	ON FOR THIS AMENDMENT IS ONLY BECAUSE THERE IS A MISSPELLING IN THE PRESIDENT	
AME INS	TEAD OF WRITING (NORLAN I WROTE NORMAN)	
		 -
		
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
(<i>y n</i> A	ин иррисина, такие (чл)	
		

	06/04/2021	, if other than the
The date of each amendment date this document was signed		, if other man o
Effective date <u>if applicable</u> :	****	d-to)
	(no more than 90 days after amendment file	aute)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing require the Department of State's records.	ments, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sh	narcholder action and shareholder
T 27		1 44.5
by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	e amendment(s)
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