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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JACKSONVILLE	FREIGHT SERVICES CO	RP		
DOCUMENT NUM	P21600048139				
The enclosed Article	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	Hansel Ramirez Montane				
		Name of Contact Person	1		
	JACKSONVILLE FREIGHT SERVICES CORP				
		Firm/ Company			
	11 Reeding Ridge Dr W				
		Address			
	Jacksonville / FL 32225				
		City/ State and Zip Code	<u> </u>		
	hanseleuba@gmail.com				
		sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:at (
Name of Contact Person		at (de & Daytime Telephone Number		
	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)	☐ \$52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JACKSONVILLE FREIGHT SERVICE	S CORP	r. •
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)
P21000048139		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc," or "Co". \land	company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word
B. Enter new principal office address,	if anniicable:	11 Reeding Ridge Dr W. Jacksonville, FL 32225
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		11 Reeding Ridge Dr W, Jacksonville, FL 32225
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	Hansel Ramirez Montane	
Name of New Registered Agent	11 Reeding Ridge Dr W	
	(Florida str	eet address)
	Jacksonville	Florida 32225
New Registered Office Address:		(City) Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	: with and accept the obligations of the position.
ү петену ассері іне арронитені из regisi	And James	thir unit accept the configurous by the position.
	-1 (M)	egistered Agent, if changing
	Signature of New Re	гуметси муст, у спануту

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 Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Hansel Ramirez Montane	11 Reeding Ridge Dr W
X Add			Jacksonville , FL 32225
Remove			
2) X Change	s	Yariela Suarez Abich	11 Reeding Ridge Dr W
Add			Jacksonville, FL 32225
Remove 3) Remove			
Add			
Remove			, <u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	litional sheets, i	f necessary).	cles, enter chans (Be specific)			
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an amer	<u>idment provide</u>	<u>es for an exch</u>	ange, reclassific	ation, or cancella	ition of issued shi	ires,
<u>provision</u>	s for implemen	iting the amer	ndment if not co	ntain <u>e</u> d in the an	nendment itself:	
(it not	t applicable, ind	ucate (N/A)				
				-		
			<u> </u>			
						

•

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	ne)
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The followed each voting group entitled to vote separately on the amenda	wing statement nent(s);
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
	irector, president or other officer – if directors or officers ha	
	 d, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary) 	or other court
	Yariela Suarez Abich	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	