PZ1 0000 51399

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nar	me)
	·	
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



700367920787

 $(x_1, y_1, y_2, \dots, y_n, y_n) = 0$ ($x_1, y_2, y_3, \dots, y_n, y_n$)



A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARTIN A CARDONA Barre of Contact Person FLASH CARGO TRANSPORTATION Firm/ Company 12032 SW 101 STREET Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	AME OF CORPOR	RATION: FLASH CARGO T	RANSPORTATION CO	RP
Please return all correspondence concerning this matter to the following: MARTIN A CARDONA		P21000051399		
MARTIN A CARDONA FLASH CARGO TRANSPORTATION Firm/ Company 12032 SW 101 STREET Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotunail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)	ne enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Name of Contact Person FLASH CARGO TRANSPORTATION Firm/ Company 12032 SW 101 STREET Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone States Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)	ease return all corres	pondence concerning this ma	tter to the following:	
FLASH CARGO TRANSPORTATION Firm/ Company 12032 SW 101 STREET Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)		MARTIN A CARDONA		
Firm/ Company 12032 SW 101 STREET Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone State: S35 Filing Fee Certificate of Status Certificate Opy (Additional copy is enclosed) City/ State and Zip Code Sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone States Certificate Option Certificate of Status Certificate Opy (Additional Copy is enclosed)			Name of Contact Person	n
Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate Copy (Additional Copy is enclosed)		FLASH CARGO TRANSPO	RTATION	
Address MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Para Code & Daytime Telephone State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) City/ State and Zip Code Sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone State: S35 Filing Fee Certified Copy (Additional copy is enclosed)		 	Firm/ Company	
MIAMI, FL 33186 City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Sandracamargo9@hotmail.com at (305 905-0955 Area Code & Daytime Telephone Note to the Florida Department of State: Sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone Note to the Florida Department of State: Sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone Note to the Florida Department of State: Sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification)		12032 SW 101 STREET		
City/ State and Zip Code sandracamargo9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person In a Code & Daytime Telephone of the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)			Address	·
Sandracamargo@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		MIAMI, FL 33186		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed)			City/ State and Zip Co	de
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN A CARDONA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed)		sandracamargo9@hotmail.co	m	
MARTIN A CARDONA Name of Contact Person Area Code & Daytime Telephone State: Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c} \text{S43.75 Filing Fee & Gertificate of Status} \text{Certified Copy (Additional Copy is enclosed)} \text{(Additional Copy is enclosed)} (Additi				rt notification)
Name of Contact Person Area Code & Daytime Telephone Y Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Cartificate of Status (Additional Copy is enclosed)		•	305	905-0955
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	Name c	f Contact Person	Area C	ode & Daytime Telephone Number
Certificate of Status (Additional copy is Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)	iclosed is a check for	the following amount made	payable to the Florida Dej	partment of State:
Maritime Add	\$35 Filing Fee	_	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Ft. 323142415 N. Monroe Street, Suite 8	Division of Corporations P.O. Box 6327		Amen Divisi The C	idment Section ion of Corporations Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

2021 HINTE AM O. O.

FLASH CARGO TRANSPORTATION		10 HA 8: 01
(Name of Corporat	ion as currently filed with the F	lorida Dept: of/State)
21000051399		TALLAHASSEE, FL
/Down	ment Number of Corporation (if k	MAZZATIA JOEE, FL
(170cu)	nent Number of Corporation (if K	anown)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Florida Profit Co	rporation adopts the following amendment(s
. If amending name, enter the new name of the c	orporation:	
		Thenew
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	" or "Co". A professional co.	
. Enter new principal office address, if applicable	<u></u>	
Principal office address <u>MUST BE A STREET AD</u>		
	- 8.3	N
C		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	
		
 If amending the registered agent and/or registerew registered agent and/or the new registered 		iter the name of the
The state of the s	office address.	
Name of New Registered Agent		·
	(Florida street address)	
New Registered Office Address:		. Florida
Web Registered Cypic Plantess.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Res	sistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the	e obligations of the position.
	CM D to the	
Sign	ature of New Registered Agent, if	changing
heck 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	PT	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) Change	V	SONIA E SMITH	12032 SW 101 STREET
Add X Remove			MIAMI, FL 33186
Remove 2) Change	<u>v</u>	SONYA E SMITH	12032 SW 101 STREET
X Add			MIAMI, FL 33186
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
	<u> </u>
-	
	• • • • • • • • • • • • • • • • • • •
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

. . . .

06/07/2021
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
bv
(voting group)
06/07/2021
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MARTIN A CARDONA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)