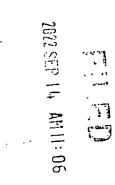
## P21000061179

| (Re                                     | equestor's Name)   |             |  |  |
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| (Cit                                    | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar | me)         |  |  |
| (Do                                     | ocument Number)    |             |  |  |
| Certified Copies                        | _ Certificate:     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|  |  | 3=.5 N= C O  | C O                                 |
|--|--|--|-------------------------------------|
| NAME OF CORPORATIO   |  |  | <u> </u>                            |
| DOCUMENT NUMBER: _   | P21000C                                    | 61179  |                                     |
| The enclosed Articles of Am  | endment and fee are sul                    | bmitted for filing.  |                                     |
| Please return all corresponde  | nce concerning this mat                    | tter to the following:   |                                     |
|  | BETTY                                      | TE SOT   |                                     |
| <del></del>  |  | Name of Contact  | Person                              |
|  | LEVI FR                                    | EIGHT CO   | r0                                  |
| <del></del>  |  | Firm/ Compa  | ny                                  |
|  | 4134 BLUE                                  | DIAMONE  | > .57                               |
|  |  | Address  |                                     |
|  | KISSIMME                                   | = FL 31  | +746                                |
|  | KISSIMMER                                  | City/ State and Zi   | p Code                              |
|  | Levi (veight @ ;-mail address: (10 be us   | gmail. com   | report notification)                |
| For further information conc   | erning this matter, pleas                  | se call:   |                                     |
| BETTY TES  | T  | at (_ 2  | rea Code & Daytime Telephone Number |
| Name of Con  |  | Aı   | rea Code & Daytime Telephone Number |
| Enclosed is a check for the fo   | ollowing amount made                       | payable to the Florid  | a Department of State:              |
| S35 Filing Fee   | \$43,75 Filing Fee & Certificate of Status | S43.75 Filing For Certified Copy (Additional copy enclosed)  | Certificate of Status               |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                                     |

## **Articles of Amendment Articles of Incorporation**

| LEVI FREIGHT COTP  |  |
|--|--|
|  | filed with the Florida Dept. of State)   |
| P21000061179   |  |
| (Document Number of C  | Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistics</i> of Incorporation:   | orida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation:  | -  |
| -LEVI FREIGHT CORP   | The new  |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word   |
| B. Enter new principal office address, if applicable:  | <del>\</del>   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 116 22   |
|  | TO THE STATE OF TH |
|  |  |
| C. Enter new mailing address, if applicable:   | , l  |
| (Mailing address MAY BE A POST OFFICE BOX)   | NA E   |
|  |  |
|  | <del></del>  |
|  |  |
| D. If amending the registered agent and/or registered office address:  | ss in Florida, enter the name of the   |
| Name of New Registered Agent   | 118  |
|  |  |
| (Florida stree   | t address)   |
| 1()  | Florida N/K  |
| New Registered Office Address: (C  | ity) (Zip Code)  |
|  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with   | th and accept the obligations of the position.   |
| NIA  |  |
| Signature of New Reg   | istered Agent, if changing   |

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)

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                   | <u>PT</u> <u>John</u> | <u>Doç</u>      |   |  |  |
|----------------------------|-----------------------|-----------------|---|--|--|
| X Remove                   | V Mike                | Mike Jones      |   |  |  |
| X Add                      | <u>SV</u> Sally       | Smith           |   |  |  |
| Type of Action (Check One) | Title                 | <u>Name</u>     | Address                                     |  |  |
| 1) Change                  | P                     | MITELLILIAN C   | 4734 Blue Diamond ST                        |  |  |
| Add Remove                 |                       |                 | KISSIMMEE FL, 34745                         |  |  |
| 2) Change Add              | MBR                   | OGUTU BOMMANUEL | 4734 Blue Diamond St<br>Kissimmee FL, 3474s |  |  |
| _X_Remove                  | <del></del>           |                 |   |  |  |
| Add Remove                 |                       |                 | <del></del>                                 |  |  |
| 4) Change                  | •                     |                 |   |  |  |
| Add                        |                       |                 |   |  |  |
| 5) Change                  | <del></del>           |                 |   |  |  |
|                            |                       |                 |   |  |  |
| Remove 6)Change            |                       |                 |   |  |  |
| Add                        |                       |                 |   |  |  |
| Remove                     |                       |                 |   |  |  |

| f amend<br>Attach <i>aa</i>   | ing or ad<br>Iditional s | ding addi   | tional Articles, e<br>ecessary). (Be s | nter change(s)    | here:                                       |                   |
|-------------------------------|--------------------------|-------------|--|-------------------|---|-------------------|
|                               |                          | _           | 793158                                 |                   |   |                   |
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| f an am <u>e</u><br>provision | ndment j                 | provides f  | or an exchange, i                      | reclassification  | i, or cancellation of<br>ted in the amendin | of issued shares, |
| (if no                        | ot applica               | ble, indica | ate N/A)                               | THE HOT CONTAIN   | red in the amenda                           | ien neu.          |
| <del></del>                   | , <u>-</u>               |             |  |                   |   |                   |
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|--|--|---|
| The date of each amendment(s) adoption:  | Nlx  | , if other than the                               |
| date this document was signed.   | d  |   |
| Effective date if applicable:  | NIN  |   |
| (1   | 111 K<br>no more than 90 days after amendmen         | nt file date)                                     |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | neet the applicable statutory filing rate's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC   | CK ONE)  |   |
| The amendment(s) was/were adopted by the inc action was not required.                                  | orporators, or board of directors with               | out shareholder action and shareholder            |
| ☐ The amendment(s) was/were adopted by the sha<br>by the shareholders was/were sufficient for app      | reholders. The number of votes cast roval.           | for the amendment(s)                              |
| ☐ The amendment(s) was/were approved by the sh<br>must be separately provided for each voting gro      | narcholders through voting groups. It                | he following statement amendment(s):              |
| "The number of votes cast for the amenda   | nent(s) was/were sufficient for appro-               | val   |
| by   |  | ••  |
| (voting  | group)   | <del></del> -                                     |
|  |  |   |
| Dated 14/09/2021   |  |   |
| Dated 14 09/2021 Signature Bugsts  |  |   |
| (By a director, presiden   | nt or other officer – if directors or offi           | icers have not been                               |
| selected, by an incorpo  | orator – if in the hands of a receiver, t            | rustee, or other court                            |
| appointed fiduciary by   | that fiduciary)                                      |   |
| CAROU  | VE CHEBET  |   |
| (Туг   | NE CHEBE!  Ded or printed name of person signing     | 3)  |
| VICE   | PRESIDENT  |   |
| (Tid   | e of person signing)                                 |   |