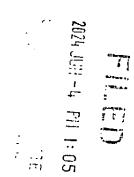
P21000061975

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LSMA TRANSPO	RT CORPORATION	
	BER: P21000061975		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LAZARO S MARRERO AC	OSTA	
		Name of Contact Persor	1
		Firm/ Company	
	4230 54TH AVE NE		
		Address	·
	NAPLES / FL 34120		
		City/ State and Zip Code	2
	lazaromarrero35@gmail.com	ı	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LAZARO S MARRE	RO ACOSTA	ar (210-1385
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, F1, 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LSMA TRANSPORT CORPORATION		Files
(Name	of Corporation as currently	filed with the Florida Dept. of State) - lad
P21000061975		2024 JUN -4 PH 1: 06
	(Document Number of C	Corporation (if known)
its Articles of Incorporation:	<u></u>	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	${\it Corp.}$ " "Inc." or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
D. If amending the registered agent ar new registered agent and/or the new		ess in Florida, enter the name of the
Name of New Registered Agent		
	4230 54TH AVE NE	
	(Florida stree	et address)
New Registered Office Address:	NAPLES	. Florida
in the register of the state of	((City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	tered agent. I am familiar wii	ith and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square 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 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	-		
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	z .		
				····
				·
· · · · · · · · · · · · · · · · · · ·				
	···			
F. If an amendment provides for an exch provisions for implementing the ame				
(if not applicable, indicate N/A)				
OFFICER = 450 SHARES				_
PRESIDENT = 450 SHARES				_
VP = 100 SHARES		***		

.

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requ Department of State's records.	aircments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	t shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for sufficient for approval.	r the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the an	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
Dated	120/24	
Singular	Hoki	
Signature(Bv a	director, president or other officer – if directors or office	rs have not been
	led, by an incorporator – if in the hands of a receiver, trus	stee, or other court
appoi	inted fiduciary by that fiduciary)	
	LAZARO S MARRERO	
	(Typed or printed name of person signing)	
	VP	

(Title of person signing)