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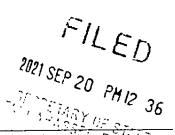
SEP 2 9 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: R SARLABOUS T	RANSPORT CORP			
DOCUMENT NUMI	BER: P21000079817				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ADRIANA BOSCH				
		Name of Contact Person	<u> </u>		
	MUSA'S ACCOUNTING SERVICES INC				
		Firm/ Company			
	24821 SOUTH DIXIE HWY				
		Address			
	HOMESTEAD, FL 33032				
		City/ State and Zip Cod	e		
	ADRIANA@MUSASACCO	UNTINGSERVICES.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:	. 433-7140		
Name	of Contact Person) de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made		,		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation



R SARLABOUS TRANSPORT CORP	٠ - ١	13 63 £ 05 6 4
(Name of	Corporation as currently filed with the Florida Dept. of State)	510518
P21000079817		• , , •
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:	
		The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	he word "corporation," "company," or "incorporated" or the abbrorp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	reviation "Corp"
B. Enter new principal office address, if	applicable:	,
(Principal office address MUST BE A ST		
-		
		
C. Enter new mailing address, if applic	able:	
(Mailing address MAY BE A POST O		
		
		
D. If amending the registered agent and	for registered office address in Florida, enter the name of the	
new registered agent and/or the new		
Name of New Registered Agent	CARLOS RAFAEL SARLABOUS CESPEDES	
-	(Florida street address)	
New Registered Office Address:	. Florida	
New Regimered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent:	artel and
I hereby accept the appointment as registe	ered agent. I am familiar with and accept the obligations of the po	smon.
	Signature of New Registered Agent, if changing	
cm 1 cm		
Check if applicable The amendment(s) is/are being filed put	rsuant 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:	D/D	11.5		
<u>X</u> 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	Р	CARLOS SARLABOUS	100 NE 6 AVE APT 225	
Add			HOMESTEAD, FL 33030	
X Remove				
2) Change	Р	CARLOS RAFAEL SARLABOUS CESPEDES	100 NE 6 AVE APT 225	
X Add			HOMESTEAD, FL 33030	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necess	al Articles, enter of sary). (Be specif	īc)			
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an amendment provides for a	ın exchange, recla	<u>ssification, or e</u>	cancellation of	issued shares.	
rovisions for implementing th (if not applicable, indicate N	<u>1e amendment if 1</u> V/31	iot contained in	i the amendme	nt itself:	
(у поларунсате, такие	v.a j				
	 				
				,	

The date of each amendment(s) adopti	on:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block locument's effective date on the Departs	does not meet the applicable statutory filing renent of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast ent for approval.	for the amendment(s)
	d by the shareholders through voting groups. To voting group entitled to vote separately on the	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approv	val
by		<u>_</u> ."
	(voting group)	
09/14/2021		
Dated		
IQ.		
Signature 🗶	or, president or other officer – if directors or offi	ages have not have
	an incorporator – if in the hands of a receiver, to	
	duciary by that fiduciary)	
CAI	RLOS RAFAEL SARLABOUS CESPEDES	
	(Typed or printed name of person signing	2)
PRE	SIDENT	

(Title of person signing)