

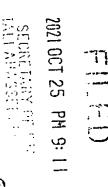
(Re	questor's Name)	
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(C:h	y/State/Zip/Phone	- 45
(City	y/State/Zip/Prione	e #)
PICK-UP	MAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NSPORT CORP			
submitted for filing.			
natter to the following:			
Name of Contact Person	n		
CORP			
Firm/ Company			
Y			
Address			
City/ State and Zip Cod	e		
	notification)		
rase cull:	720-6650		
	de & Daytime Telephone Number		
e payable to the Florida Dep	artment of State:		
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Address Iment Section		
Division of Corporations			
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Name of Contact Person CORP Firm/ Company Y Address City/ State and Zip Cod used for future annual report rase call: at (813 Area Co e payable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Copy (Additional copy is enclosed) Street Ameno Divisio The C		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MOLINA'S TRANSPORT CORP

2021 OCT 25 PH 9: 11

to

(<u>Name of Corporate</u>	on as currently filed with the Florida Dept. of State) Ch	a jak i de HASSEL, i
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follo	wing amendmen
a. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbrev. " or "Co". A professional corporation name must conviation "P.A."	iation "Corp., "
B. Enter new principal office address, if applicable	N/A	
Principal office address <u>MUST BE A STREET ADL</u>		_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>N/A</u>	
	red office address in Florida, enter the name of the	
new registered agent and/or the new registered N/A	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City)	Lip Code)
Sew Registered Agent's Signature, if changing Reg	sistered Agents	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position) <i>n</i> .
e:	ature of New Registered Agent, if changing	
Mgne	ature of sew negistered agent, if enanging	
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>11,1</u>	<u>John D</u>	<u>toe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike J	ones	
<u>X</u> Add	\underline{SV}	<u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
F) X Change	P		FABRICIO MOLINA	1707 COWART RD
Add				PLANT CITY, FL 33567
Remove				
2) Change		_		
Add				
Remove 3.) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional A d sheets, if necessary	v). (Be specific)				
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16			-	Hadi e Siana Ja	L	
provisions for	t provides for an emplementing the a	mendment if not-	contained in the	nation of issued s amendment itself	<u>nares,</u> <u>:</u>	
(if not appl	icable, indicate N/A))				
1						
						
<u> </u>						
	_ -					
		_				

The date of each amendment(s) date this document was signed.	idoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file a	later
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirer department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without sha	ireholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ufficient for approval.	amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following group entitled to vote separately on the amena	owing statement lment(s).
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u>. </u>	
	(voting group)	
10/19/202 Dated\$	1 SA	
selecte	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ited fiduciary by that fiduciary)	ave not been or other court
	FABRICIO MOLINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	