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AMONT TO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GRADE A FREIG	IT INC	
DOCUMENT NUM	D11000001181		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	MAURICE SMITH		
	<u> </u>	Name of Contact Person	on
	MAJOY LLC		
		Firm/ Company	·
	3515 LIMERICK DRIVE		
		Address	
	TALLAHASSEE FL 32309		
		City/ State and Zip Co	de
	MSMITH@MAJOYCPA.CO	M	
	E-mail address: (to be us	ed for future annual repo	rt notification)
For further informat	ion concerning this matter, pleas	se call:	
MAURICE SMITH		at (de & Daytime Telephone Number
Nam	e of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida De	partment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Amer Divis The G	t Address idment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1	מי	A	ING	 CD	171	CLIT	TNIC

(Name of Corporation :	as currently filed with the Fl	orida Dept. of State)		
GRADE A FRIEGHT INC				
(Document	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida Staticles of Incorporation:	atutes, this Florida Profit Cor	poration adopts the fol	lowing amo	endment(s) to
A. If amending name, enter the new name of the corp-	oration:			
GRADE A FREIGHT INC			The	new
name must be distinguishable and contain the word "corpe" "Inc." or "Corp." "Inc." o. "chartered." "professional association." or the abbrevia	r "Co". A professional cor	orporated" or the abbre poration name must c	eviation "C contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)			
			20 35	
		•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		• •	<u> </u>	43
(Stuning uniters STAT BE A FOST OFFICE BOA)	· · · · · · · · · · · · · · · · · · ·	 -	- 6	
	· 			
			.;-	_ ~
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		ter the name of the	•	
Name of New Registered Agent				
	(Florida street address)	_		
New Registered Office Address:		Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered agent. I ar		obligations of the posi	tion.	
-		· · · · · · · · · · · · · · · · · · ·		
Signatur	re of New Registered 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)

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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>5.1.</u>	John Doe		7021
X Remove	<u>y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		2021 KOV 29 >\$\$1 € 5 ± 5
Type of Action (Check One)	Title	<u>Nume</u>	<u>Addres</u> s	
l) Change			•••	· · · · · · ·
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				<u>-</u>
4) Change				
Add				
Remove			_	
5) Change				
Add			_	
Remove				
6) Change				·
Add				
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary), (Be specific)			
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
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	11/29/2021		
The date of each amendmen			_, if other than the
date this document was signed			
	11/12/2021		
Effective date <u>if applicable</u> :	(many day 00 long of many large 01 logs)		
	(no more than 90 days after amendment file date)		
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder a	etion and :	shareholder
	ere adopted by the shareholders. The number of votes east for the amendme were sufficient for approval.	ent(s)	
must be separately provid	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s): sees cast for the amendment(s) was/were sufficient for approval	ement	2021 NO A
hv			
	(voting group)		29
Dated	11/23/2021	·	
Signature _			_
S	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other eppointed fiduciary by that fiduciary)		
	MAURICE SMITH		
	(Typed or printed name of person signing)		
	INCORPORATOR		
	(Title of person signing)		