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2021 DEC 29 PH 4: 11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: MATRAF TRANS	SPORTATION COMPANY	′	
DOCUMENT NUM	P21000103541			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	WILLIAM A GIRALDO LE	FFSNER		
		Name of Contact Person	1	
	MATRAF TRANSPORTAT	ION COMPANY		
		Firm/ Company		
	10267 OASIS PALM DR			
		Address	.	
	TAMPA, FL 33615			
		City/ State and Zip Cod	e	
	on concerning this matter, plea			
WILLIAM A GIRA		at () 560-4511	
	of Contact Person		de & Daytime Telephone Number	
■ \$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)	
Mailing Address Amendment Section		Street Address Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

2021 DEC 20 BH 1. 11

P21000103541 Pursuant to the provisions of section 607.1 is Articles of Incorporation: A. If amending name, enter the new na	(Document Number 006, Florida Statutes, thi	of Corporation (if known) s Florida Profit Corporation adopts the following amendmen
Pursuant to the provisions of section 607. Its Articles of Incorporation: A. If amending name, enter the new na	006, Florida Statutes, thi	of Corporation (if known)
s Articles of Incorporation: A. If amending name, enter the new na	006, Florida Statutes, thi	of Corporation (if known)
s Articles of Incorporation: . If amending name, enter the new na N/A		s Florida Profit Corporation adopts the following amendmen
N/A	me of the corporation:	
ame must be distinguishable and contain i		The new
'Inc.," or Co.," or the designation "Co 'chartered," "professional association," (orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
3. Enter new principal office address, it		N/A
Principal office address <u>MUST BE A ST</u>		N/A
		N/A
Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A
		N/A
		N/A
 If amending the registered agent and new registered agent and/or the new 		
	N/A	150.
Name of New Registered Agent	 N/A	
-		treet address)
N D : 100 111	N/A	, ht/a
New Registered Office Address:		, Florida (Zip Code)

☐ 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 Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	WILLIAM A GILARDO LOFFSNER	10267 OASIS PALM DR
Add			TAMPA, FL 33615
X Remove			
2) Change	P	WILLIAM A GIRALDO LOFFSNER	10267 OASIS PALM DR
X Add			TAMPA, FL 33615
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here:
	(Be specific)
/A	
555.5.55	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicame, maicale wa)	
A	
	

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12/23/2021
The date of each amendment(s) adoption:, if other the date this document was signed.
sate this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
12/23/2021
Dated
Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
WILLIAM A GIRALDO LOFFSNER
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)