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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MAFRANCE TRANSPORT INC. DOCUMENT NUMBER: <u>\$220000 21414</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gethro Saint Fleury
Name of Contact Person

Mafrance Transport Inc

Firm/ Company 5051 SE KinGfish Ave Stuart FL 34997
City/ State and Zip Code For further information concerning this matter, please call: Gethro Saint Fleury at (\$66) 715-9.599

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\ \$43.75 Filing Fee & \quad \text{Certificate of Status} \quad \text{Certified Copy} \quad \text{Certified Copy} ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

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2022 APR 25 AM 10: 11

## MAFRANCE TRANSPORT INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State) - Shale
	1021414 IALLALIAUSLE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	,
name must be distinguishable and contain the word "torporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	601 21st Street Ste 300 Vero Beach FL 32960
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	601 21st Street Ste 300 Vero Beach FL 32960
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
/Florida v	trevt address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New 1	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 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.

Frample:

X Change	PT	John Doc	
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>	Address )
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
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amending or adding additional sheets, if new	cessary). (Be specific	)		
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n amendment provides fo	r an exchange, reclass	ification, or cancellati	on of issued shares.	
<u>ovisions for implementing</u>	the amendment if not	t contained in the ame	ndment itself:	
(if not applicable, indicat	e N/A)			
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 04/12/20 22  (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 as the 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 east 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
Signature  OH/12/2022  Signature  OH 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)  Cethro Saint Fleary  (Typed or printed name of person signing)  Citle of person signing)