P2200034062

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SECRETALY OF STATE

2029 APR 13 AMIL: 5



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $_$ $\stackrel{\frown}{\square}$	liami Breeme Taxi Inc.		
	2000034062		
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce	erning this matter to the following:		
Rona	Name of Contact Person		
	Breeze Taxi Inc. Firm/Company		
	NE 173rd Terrace		
Mia	mi FL 33162 City/ State and Zip Code		
E-mail add	cutterine a gmail com dress: (to be used for future annual report notification)		
For further information concerning thi	is matter, please call:	SECF TAI	2023 4
Royald A. Farrell Name of Contact Person	at (486) 985 - 1784	HVTI XII	2023 APR 13
	on Area Code & Daytime Telephone Number	3887 € 0	ω -
1.	amount made payable to the Florida Department of State:	EST EST	AH II: 50
	at (+86) 985-1784 on Area Code & Daytime Telephone Number amount made payable to the Florida Department of State: Filing Fee & \$\B\$43.75 Filing Fee & \$\B\$52.50 Filing Fee atte of Status (Additional copy is enclosed) (Additional Copy is enclosed)	ALE ALE	50
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations The Centre of Tallahassee		

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Articles of Amendment to Articles of Incorporation

of

Miami Breeze Taxi Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P220000 3406Z
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Ronald A. Farrell
670 DE 173rd Tarrace (Florida street address)
New Registered Office Address: Miami
New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, if changing Registered Agent: I herealty accept the appointment or registered agent. I am familiar with and accept the obligations of the resition (2000)
Thereby accept the appointment as registered agent. Tum familiar with and accept the obligations of the position.
ATE 50
Signature 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 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</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> P</u>	Marie U. Villier	670 NE 173rd Terrace
X_ Add			Miami FL 33162
Remove			
2) X Change	_V	Ronald A. Farrell	670 NE 173rd Torrace
Add			Miami FL 3316Z
Remove Change			
Add			
Remove			
4) Change			
Add			2028 SEC
Remove			APR TI
5) Change			HAR 13 III
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

f amending or adding additional Articles, e Attach additional sheets, if necessary). (Be	specific)			
		1.1		
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an amendment provides for an exchange, provisions for implementing the amendme	<u>reclassification, or cancellation reclassification.</u>	on of issued shares, ndment itself:	(N)	202
(if not applicable, indicate N/A)			TALLA	2023 APR
			<u> </u>	
			表界	$\overline{\omega}$
				₩ III: 50
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			AHASSEE, FL	50
				

The date of each amendment(s) adoption: $\frac{4/8/23}{}$ date this document was signed.	, if other than the
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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ 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)	
(voting group)	
Dated 4/8/23	
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)	
Ronald A. Farrell (Typed or printed name of person signing)	
Vice President	
(Title of person signing)	

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SECRETARY OF STATE
TALLAHASSEE, FL