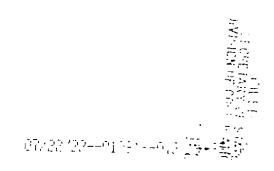
P22000050166

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Comment)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
OCT 1.40 2027				
OCT 19 2022 A. LUND				
1. 55.7				

Office Use Only



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2022 JUL 22 AM II:

The reason that I am doing this amendment is because when I create this corporation by mistake in the president name I added a letter Y. It looks as a middle name, that is not correct, the correct name would be the same name as the owner (Yosbani Figueredo). I called the office to try to fix it but they told me to do it by this way, we are trying to open a business account but I will need this fix it to complete the bank account. I will really appreciate it if you can do this as soon as posible because we need to start with the business. If you have any questions please feel free to cal me at 239-250-9602 or email me to sosatransportinc@gmail.com, thank you in advance.

ATTE: YOSBANI FIGUEREDO

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

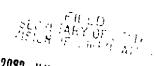
NAME OF CORPO	ORATION: SOSA FAMILY	TRANSPORT INC	
DOCUMENT NUM	D22000050166		
The enclosed Article	s of Amendment and fee are so	ubmitted for filing.	-
Please return all corr	espondence concerning this ma	atter to the following:	
	YOSBANI FIGUEREDO		
		Name of Contact Perso	on
	SOSA FAMILY TRANSPO	RT INC	
		Firm/ Company	
	309 LENZ AVE		
		Address	
	LEHIGH ACRES, FL 33974	ļ	
		City/ State and Zip Coc	le
	sosatransportinc@gmail.com	1	
		sed for future annual repor	t notification)
For further information	on concerning this matter, plea	se call:	
YOSBANI FIGUER	EDO SOSA	at (250-9602
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	endment Section ision of Corporations	Amendment Section Division of Corporations	
	. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)



SOSA FAMILY TRANSPORT INC

2022 JUL 22 AMII: 27

P22000050166		
	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	orp." "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent and new registered agent and/or the new		
Name of New Registered Agent	YOSBANI FIGUEREDO	
	309 LENZ AVE	
-	(Florida stre	et address) .
New Registered Office Address:	LEHIGH ACRES	, Florida 33974
	(City) (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as register	anging Registered Agent:	City) (Zip Code) ith and accept the obligations of the position.

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.

Example:			
X Change	<u>PT</u>	John Doe	
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	FIGUEREDO, YOSBANI Y	309 LENZ AVE
Add			LEHIGH ACRES
X Remove			FL, 33974
2) Change	<u>P</u>	FIGUEREDO, YOSBANI	309 LENZ AVE
X Add			LEHIGH ACRES
Remove 3) Change			FL, 33974
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change		-	<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
A	
-	
·	
f an amandment provides for an arch.	anno moder 16 at
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Toment if not contained in the amendment ((Self.
· · · · · · · · · · · · · · · · · · ·	
•	

The date of each amendment(s) ac	loption:		, if other than th
date this document was signed.			
Effective date <u>if applicable</u> :		一种种种的	
	(no more than 90 days	s after amendment file date) The land with the statutory filing requirements 47/14/2000	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable s partment of State's records.	statutory filing requirements, Affiliate ye	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of	of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The numb	ber of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for a	roved by the shareholders through veach voting group entitled to vote se	oting groups. The following statement eparately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were suffi	icient for approval	
	(voting group)	•	
07/19/2020			
Signature			
(By a dir selected,	ector, president or other officer - if	directors or officers have not been s of a receiver, trustee, or other court	
•	YOSBANI FIGUEREDO		
_	(Typed or printed name o	f person signing)	
(OWNER (PRESIDENT)		

(Title of person signing)