## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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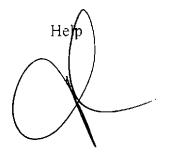
Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 : (888)453-0509 Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TRAIN FIT INC

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

To

NAME OF CORPORATION: TRAIN FIT	TINC				
DOCUMENT NUMBER: P22000072349					
The enclosed Articles of Amendment and fee	e are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
ASHLEY, ALEX					
TAX ZONE INC	Name of Contact Pers	on			
-	Firm/ Company				
2503 N RIVERSIDE I	DR				
<del> </del>	Address				
TAMPA, FL 33602					
	City/ State and Zip Co	de			
ACCOUNTANT@TA	AXZONEFL.COM				
E-mail address: (	to be used for future annual repo	rt notification)			
For further information concerning this matter ASHLEY, ALEX		. 888-3131			
Name of Contact Person	at ( Area C	) 888-3131 ode & Daytime Telephone Number			
Enclosed is a check for the following amount					
S35 Filing Fee	<del>-</del>	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ainer Divis The 0 2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			

To:

+23000:284953

## Articles of Amendment to Articles of Incorporation of

TRAINFILING	
(Name of Corporation as currently filed with the FI	orida Dept. of State)
P22000072349	
(Document Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corp</i> its Articles of Incorporation:	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
A TRAIN HAULING SERVICES INC	The new
name must be distinguishable and contain the word "corporation," "company," or "inco "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corp "chartered," "professional association," or the abbreviation "P.A."	orporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable:	نب:
(Principal office address MUST BE A STREET ADDRESS)	. 3
<del></del>	<i>4</i>
C. Enter new mailing address, if applicable:	/ئ 
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
D. If amending the registered agent and/or registered office address in Florida, en new registered agent and/or the new registered office address:	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 chapging Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the	eabligations of the position.
Signature of New Registered Agent, if	changing
Charle if analisable	
Check if applicable  The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.	

To:

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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= Trustec; 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:

A_Change	FT	<u>1000 1000</u>	
X Remove	<u>V</u>	<u>Mike Jones</u>	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Range			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

To:

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ttach additional sheets, if necessary). (Be specific)	
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The date of each amendment(s	) adoption:		if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable. Department of State's records.	statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and	shareholder
The amendment(s) was/were by the shareholders was/were		per of votes cast for the amendment(s)	
must be suparately provided	approved by the shareholders through vorte seach voting group entitled to vote seast for the amendment(s) was/were sufficients.		2023 / 202 - 4
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
APRIL ( Dated	14, 2024 Hex Ashley		- A: 0:50
sele	a director, president or other officer – i cted, by an incorporator – if in the hand pinted fiduciary by that fiduciary)		
	ASHLEY, ALEX		
	(Typed or printed name	of person signing)	····
	PRESIDENT		
	(Title of person signing)		