## P22000082455

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Special Instructions to I	Filing Officer:	

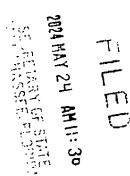
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## COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HARD Transport (	Corp		
DOCUMENT NUM	P22000082455			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Murielle Diane Dor			
		Name of Contact Persor	1	
	HARD Transport Corp			
		Firm/ Company		
	11995 Southern Blvd			
	Address			
	Royal Palm Beach 33411 Fl			
		City/ State and Zip Code		
	admin@hardtransportation.co	om		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas		2547811	
		at (	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

HARD Transport Corp

2024 HAY 24 AM 11: 36

Transport Corp	202	4 MAI 27 MILL
(Name of Corporation	n as currently filed with the Florida Dept. of State	in the self strong
(Docume	ent Number of Corporation (if known)	<u></u>
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A professional corporation name mus	obreviation "Corp.,"
B. Enter new principal office address, if applicable:		<del></del>
(Principal office address <u>MUST BE A STREET ADD </u>	RESS )	
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Ú	
		-
<ul> <li>If amending the registered agent and/or registere new registered agent and/or the new registered of</li> </ul>	d office address in Florida, enter the name of the	:
·	mee address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida, Florida	(Zip Code)
	,	·
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the p	position.
Signat	ure of New Registered Agent, if changing	
	2 10 0 12 0 0	

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Muriclle Dorvilus	4375 Str. 10th Plant Apr. 202 Descripted Brack Ft. 13442 Leaded States
Add X Remove			
2) Change	V	Murielle Diane Dor	4375 Ser JOB; Place Apt 302 DeerSeld Brents FL 13442 Visited States
X Add			
Remove Change	-		
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change Add			
Remove			

Anach additions	dding additional Artic sheets, if necessary).	(Ro specific)	CIST BUIL.		
Auach aaamona	sneets, if necessary).	(ne specific)			
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f an amendmen	t provides for an excha	ange, reclassific:	tion, or cancella	tion of issued share	es.
provisions for i	mplementing the amen	dment if not cor	ntained in the am	endment itself:	
(if not appli	cable, indicate N/A)				
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The date of each amendment(s) add date this document was signed.	pption:	, if other than the
Effective date if applicable:		
······································	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	wed by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
bv	n	
•	(voting group)	
Dated <u>05//5</u> Signature <u>5</u>	van Relan	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
C	erson Delan	
_	(Typed or printed name of person signing)	
Т	reasurer	
-	(Title of person signing)	