P23000002689

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: ELVIN TRANSPORATION INC					
DOCUMENT	P23000002680					
The enclosed A	icles of Amendment and fee are submitted for filing.					
Please return all	correspondence concerning this matter to the following:					
	RECALOKTAY					
	Name of Contact Person					
	Firm/ Company					
	21391 TOWN LAKES DR 1-35					
	Address					
	BOCA RATON, FL 33486					
	City/ State and Zip Code					
	RECAIOKTAY@HOTMAIL.COM					
	E-mail address: (to be used for future annual report notification)					
For further info	nation concerning this matter, please call;					
RECALOKTA	at () 930-5151					
Ì	ame of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a ch	ck for the following amount made payable to the Florida Department of State:					
S35 Filing	ee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is character) (Additional Copy is enclosed)					

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

ate)

ELVIN TRANSPORATION INC

(Name of Corporation	on as currently filed with the Fl	lorida Dept. of State)			
P23000002689					
(Docum	nent Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to			
A. If amending name, enter the new name of the co	orporat <u>ion:</u>				
ELVIN TRANSPORTATION INC		The new			
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional coi	orporated" or the abbreviation "Corp.," poration name must contain the word			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable:	ו.				
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
		1.000			
D. If amending the registered agent and/or register	red office address in Florida, er	nter the name of the			
new registered agent and/or the new registered					
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Reg	uistered Avent:				
I hereby accept the appointment as registered agent.	I am familiar with and accept th	e obligations of the position.			
Sian		f changing			
Sign.	sy tree regenered rigerity (

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 PT John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> Name Address (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change Add Remove __ Change ____ Add ____ Remove 4) ____ Change __ Add __ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add Remove

	. (Be specific)			
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	. <u>. </u>			
an amendment provides for an ex	change replacification	an ar cancellation o	issued shares	
rovisions for implementing the an	nendment if not conta	ined in the amendm	ent itself:	
(if not applicable, indicate N/A)				
(J)				
V				
				······
	, , , , , , , , , , , , , , , , , , , ,			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file date	<u>e)</u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ar sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	." (voting group)	
	(voting group)	
Dated 02/	2950	
(By a selec	director, president or other, officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	RECALOKTAY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	