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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OAS 1	AL ATLANTIC FREIGHT INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	Name of Contact Person
36.1	Firm/ Company
	HIDEAWAY LANG
	DDLE BERG, FL 32008 City/ State and Zip Code
	City/ State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Amy WALKER Name of Contact Person	at (104) 255 252 - 3920 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount to	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of State	a
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of C	Corporation as curr	ently filed with the Flor	riga Dept. of State)		
	(Document Numb	er of Corporation (if kno	own)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, (his <i>Florida Profit Corpe</i>	oration adopts the follo	owing amendme	nt(s) to
A. If amending name, enter the new nam	se of the corporation	<u>:</u>			
		N.X		The new	
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," on	p," "Inc," or "Co"	. A professional corpo	porated" or the abbrev oration name must co	riation "Corp.," ontain the word	
B. Enter new principal office address, if (Principal office address MUST BE A STR		<u>N, X</u>			
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>					
D. If amending the registered agent and/ new registered agent and/or the new r			r the name of the		
Name of New Registered Agent	Nix				
	·			:	
_	(Florid	a street address)	· · · · · · · · · · · · · · · · · · ·		C,
New Registered Office Address:			, Florida		
		(City)		Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered.	ed agent. I am famil			on.	
	Signature of Ne	w Registered Agent, if cl	ianging		
Charlett and the					

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>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> 4ike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		-SHEPHARD SPRVICE	3816 HIDEAWAY LANG
Add Remove	Curres AS V, MR. S	THERE IS A CHANCE AS Spruice LEAVES THE COMPANY.	MIDDLE DIRE, FL 32065
2) Change Add		·	·
Remove 3) Change			
Add			· .
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	_
- 	
	<u> </u>
	
	<u> </u>
	,
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

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)	
(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 wi document's effective date on the Department of State's records.	Il 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 and action was not required.	d 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	
by	
Dated 11, 27, 23	
Signature (Samy Walker)	7
(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	r= .
appointed fiduciary by that fiduciary)	
Amor Tulance	-
T. WALKER— (Typed or printed name of person signing)	
Δ	·
DRESIDENT	<u> </u>
(Title of person signing)	