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SECRETURY STUBLING

2024 JUH 25 MH 9: 4.1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: MYTRUCKIFY D	ISPATCH SERVICES INC		_	
	MBER: P23000024711		<u>.</u>	_	
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	ALTAF SATTAR				
		Name of Contact Persor	1		
	SOFTBOOKS INC				
		Firm/ Company	-		
	5373 N NOB HILL RD				
		Address	<u>, </u>		
	SUNRISE, FL 33351				
		City/ State and Zip Code	 e	 ;	7931
	INFO@SOFTBOOKSINC.C	,		CRE	յրի ՄՈ 25
	E-mail address: (to be us	sed for future annual report	notification)		25
For further informa	tion concerning this matter, pleas	se call:		in the	E 941
					3:-
Nan	ne of Contact Person	at (Area Co) de & Daytime Telephone N	umber :	
Enclosed is a check	for the following amount made		•		
= execut o	[[6:2-76:12]] F. 6	Dem za puta, na je	Mesa so piran pan		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A D P	Hailing Address mendment Section division of Corporations O. Box 6327	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee	210	
Т	allahassee, FL 32314	2415 i	N. Monroe Street, Suite 8	, I U	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

١	ı٧	TΡ	UCK	TEY	DISPA	HOT.	SERV	CES	INC

	itly filed with the Florida Dept.	of State	()		
23000024711					
(Document Number	of Corporation (if known)				
ursuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation ado	pts the f	following	g amen	dment(
. If amending name, enter the new name of the corporation:					
me must be distinguishable and contain the word "corporation."	"annum " an "impagnapated" a	e do aki	braniatia		new
ime must be assunguishable and contain the word "corporation, lnc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A	A professional corporation nat	ne musi	reviani Contair	n Cor, i the w	p vord
. Enter new principal office address, if applicable:	N/A				
Principal office address <u>MUST BE A STREET ADDRESS</u>)					_
	<u></u>			~~~ 2	_
			-4 <u>10</u>	<u> </u>	
Enter new mailing address, if applicable:	N/A	;		=	1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			··	2	::
			- Z)	ال	
			71.4	777	
			1574	ض	— `····
. If amending the registered agent and/or registered office ad		of the	-1.	 	
new registered agent and/or the new registered office addre	SS:		Let	_	
Name of New Registered Agent N/A	110			_	
(Florida	street address)			-	
New Registered Office Address:		Florida			
New Registered Office Address.	(City)	i ionua_	(Zip (Tode)	

☐ 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Fice 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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	IRFAN I BHAGAT	8331 W WINNEMAC AVE
X Add			NORRIDGE, IL 60706
Remove			
2) Change	D	MOHAMMED M AHMED	4501 N KEYSTONE AVE
X Add			CHICAGO, IL 60630
Remove 3) Change			
Add			
Remove			
4) Change			
Add			SE 202
Remove			7/2 E
5) Change			25. 25
Add			
Remove			<u> </u>
6) Change			ri =
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
	_
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	<u></u>
	1.

If an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	크림 불
h corporation owner owns 33.33% share.	2024 JUN 2 SECRENTALL
	25 7
	->' <u>(1) .</u>
	10

The date of each amendment(s)	adoption:			, if other than the
date this document was signed.				
Effective date if applicable:				
	(no more than 90	0 days after amendme	ent file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applic Department of State's records.	able statutory filing	requirements, thi	is date will not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a action was not required.	adopted by the incorporators, or b	poard of directors wit	hout sharcholder	action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The sufficient for approval.	number of votes cas	t for the amendm	ent(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders thro	ough voting groups. vote separately on the	The following sta e aniendment(s):	lement
"The number of votes or	ast for the amendment(s) was/wer	re sufficient for appro	ovul	
by			н	
Dated <u>(a [5]</u> Signature	Short	<u> </u>		
sele	a disector, president or other offic acd, by an incorporator – if in the pinted fiduciary by that fiduciary)	e hands of a receiver,	trustee, or other o	court
	SHAIHARYAR ZAIDI	HAIHAR	-YAR	ZAIDI
	(Typed or printed r	name of person signir	ng)	
	PRESIDENT			
	(Title of person sig	ning)		2024 JUH 25 AH 9: IA SECRETARY CARRELET

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