## P23000049447

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRO 3 X TRANS	SPORT CORP				
DOCUMENT NUMBER: P23000049497					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this in	natter to the following:				
CASSIA DOSSANTOS					
	Name of Contact Person				
D.SPARK SERVICES LLC	D.SPARK SERVICES LLC				
	Firm/ Company				
771 S. KIRKMAN RD					
	Address				
ORLANDO / FL / 32811					
	City/ State and Zip Code				
DSPARKBUSINESS@GM	IAIL.COM				
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, ple					
CASSIA DOSSANTOS	at (407 ) 669-2090				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount mad-	e payable to the Florida Department of State:				
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addrcss Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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## Articles of Amendment to Articles of Incorporation of

PRO 3 X TRANSPORT CORP

(Name of Corporati	ion as currently filed with th	ne Florida Dent of State)	
223000049497	wi as earrents med with the	re rioriou isepii or otuce,	
(Docur	ment Number of Corporation	(if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Florida Profit</i>	Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new name of the c	orporation:		
			The new
ame must be distinguishable and contain the word "c 'Inc.," or Co.," or the designation "Corp," "Inc, 'chartered," "professional association," or the abbro	" or "Co". A professional	"incorporated" or the abbr   corporation_name_must_c	eviation "Corp.," contain the word
Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )		
· Fator now molling address if applicable.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
). If amending the registered agent and/or registe	red office address in Florids	a enter the name of the	
new registered agent and/or the new registered		a, enter the hank of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	/City	, Florida	(Zip Code)
	(Cily)		(Esp Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<mark>ristered Agent:</mark> Lam tamiliar with and accer	nt the colligations of the nos	ition
22.7 accept the appearance as regimered agent.	z a jamina nin una accep	igaions of me pos	
Sian	ature of New Registered Ager	nt. if changing	
Sign	and of their negistered riger	n, y caangaig	

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 = 1. ustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than the 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	VITOR AMORIM FERREIRA	3147 MERTON ALLEY
Add			ORLANDO, FL 32808
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	4.		
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)  MOVE - VITOR AMORIM FERREIRA	
	<u> </u>
	·
<del></del>	
If an amendment provides for an exchange, reclassification, or cancellation of issue	d shares,
provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	self:
(y nor appreciant, marcate 1971)	
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· <del></del>

The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
Ellective date trappicame.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
Signe amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	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 amendm sufficient for approval.	pent(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
04/16/3 Dated	2024	
Signature	LITOR AMORIM FERREIRA	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trace, or other inted fiduciary by that fiduciary)	
	VITOR AMORIM FERREIRA	
	(Typed or printed name of person signing)	· ·
	PRESIDENT	
	(Title of person signing)	_