P23000053697

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TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: SOC SHIPPER OV	WN CONTAIN	NER CORP	
DOCUMENT NUMBER: P23000053697			
The enclosed Articles of Amendment and fee are su	bmitted for fil	ing.	
Please return all correspondence concerning this ma	tter to the follo	owing:	
VANESSA SALGADO			
	Name of C	ontact Person	<u> </u>
AMERICA EXPERTILLO			
	Firm/ (Company	· <u> </u>
409 NW 10TH TER			
	Λd	dress	
HALLANDALE BEACH/FL	. 33009		
	City/ State	and Zip Code	
adminfin@americaexpert.cor	ท		
E-mail address: (to be us		nnual report	notification)
For further information concerning this matter, pleas	se call:	·	
VANESSA SALGADO	at (305	824 9100
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the	Florida Depa	rtment of State:
■ \$35 Filing Fee	\$43.75 Fi Certified ((Additiona enclosed)	Copy Leopy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

SOC SHIPPER OWN CONTAINER CORP

(<u>Name</u>)	of Corporation as currently	filed with the Florida Dept. of Sta	<u>ite</u>)	
P23000053697				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the	e following amendme	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	ť
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:	1000 Brickell Ave Ste 715		
Principal office address MUST BE A S		Miami, FL 33131		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		409 NW 10th Ter		
· -		Hallandale Beach/FL 33009	20	
			73 O	कार्जुंगी
				<u> </u>
 If amending the registered agent ar new registered agent and/or the new 		ess in Florida, enter the name of th	•	्रा रूपम
Name of New Registered Agent	AMERICA EXPERT LLC		: =	ցե ց ∦***ը
Name of their negative angua	409 NW 10th Ter		<u></u> ဒ္	√*
	(Florida street address)		3.7	
New Registered Office Address:	Hallandale Beach	, Florid	a 33009	
		City)	(Zip Code)	

Signature of New Registered Agent, if changing

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	_	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

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)		(Be specific)	
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	₽-
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHF	ECK ONE)	
The amendment(s) was/were adopted by the in action was not required.	ncorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amen pproval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment(
"The number of votes east for the amend	dinent(s) was/were sufficient for approval	
by		
(votin	ng group)	
Dated 22th September 2023 /	Veni	
(By a director, presid	dent or other officer – if directors or officers have no porator – if in the hands of a receiver, trustee, or oth by that fiduciary)	
	V FERREIRA	
()	Typed or printed name of person signing)	
р		
	Title of person signing)	<u> </u>

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