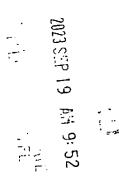
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Solar Transport Systems Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Julian Field Name of Contact Person Solar Transport Systems Inc. Firm/ Company 7901 4th St N. STE 4000 Address St. Petersburg, FL 33702 City/ State and Zip Code jf@solartransportsystems.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 144 ) 7906630044 Area Code & Daytime Telephone Number Julian Field Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation

	<b>v.</b>	فر به
•		2023 552 1-0 -144-0-5
(Name of C	orporation as currently filed with the Florida I	Dept. of State) 19 Aff 9: 5
lar Transport Systems Inc		
	(Document Number of Corporation (if known)	1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
rsuant to the provisions of section 607.100 Articles of Incorporation	6. Florida Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(
If amending name, enter the new name	of the corporation:	
/A		The new
ime must be distinguishable and contain the lnc.," or Co.," or the designation "Corp chartered," "professional association," or	word "corporation," "company," or "incorporate o," "Inc," or "Co", A professional corporatio the abbreviation "P.A."	ed" or the abbreviation "Corp.," n name must contain the word
Unto your uninginal affice address if a	N/A	
Enter new principal office address, if a principal office address <u>MUST BE A STR.</u>	EET ADDRESS )	
Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ole: FICE BOX)	
	or registered office address in Florida, enter the	name of the
new registered agent and/or the new re		
Name of New Registered Agent N	/A	
	(Florida street address)	<del></del>
	/A	rui.da
No.		, Florida
New Registered Office Address:	(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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Iones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	D	Sofia Field	Parkway Plaza, Bldg. A. Apt. 616
X Add			State College, PA 16801
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	eles, enter change(s) here: - (Be specific)
N/A	
. 6	
If an amendment provides for an eych	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
· · ·	

The state of the s	option:, if other than the
date this document was signed.	орион.
N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement 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
Incorporators	······································
0,	(voting group)
15th Sente	mber, 2023
Dated	1 An- Liv
Signature (By a c selecte appoir	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary)
	Julian Field
	(Typed or printed name of person signing)
	President
	(Title of person signing)