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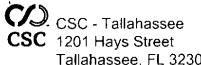
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2024 AUG-6 MHII: 12

2024 AUG -6 AM 10: 56



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 08/02/24 Order #: 1581917-1

Re: GK Transportation, Inc. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

12000000195

AUTH

Freis de man Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                          | ORATION: GK TRANSPORT  | ATION, INC.  |   |
|--|--|--|---|
| DOCUMENT NUM                           | MBER: P23000077547   |  |   |
| The enclosed Article                   | es of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all cor                  | respondence concerning this ma   | tter to the following:   |   |
|  | Alicia Connors   |  |   |
|  |  | Name of Contact Person   | 1   |
|  | Offit Kurman   |  |   |
|  | -  | Firm/ Company  | · ·   |
|  | 8000 Towers Crescent Drive   | , Suite 1400   |   |
|  |  | Address  |   |
|  | Tysons Corner, VA 22182  |  |   |
|  |  | City/ State and Zip Code   | 2   |
|  | greg@g7logisticsinc.com  |  |   |
|  | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further informat<br>Alicia Connors | ion concerning this matter, pleas  | se call:<br>at ( <sup>703</sup>                                  | 745-1890  |
| Nam                                    | e of Contact Person  |  | de & Daytime Telephone Number   |
| Enclosed is a check                    | for the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee                         | ☐\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  |
| Ai<br>Di<br>P,                         | ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314 | Amend<br>Divisio<br>The Co                                       | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment

| ,   | Articles of Incorporation of   |  | FILED                   |
|---|--|--|-------------------------|
|   |  | ^  | ILLU                    |
| /No. of Com-  | GK TRANSPORTATION, INC   |  | 2024 AUG -6 AM IO: 5    |
| (Name of Cor  | poration as currently filed with   | the Florida Dept. of State)                          | 2024 AUG -6 AM 10: 5    |
|   | P23000077547   | <del></del>  | 1011/01/2011            |
| (   | Document Number of Corporatio  | n (if known)   | MELANIASSEE, FLORI      |
| Pursuant to the provisions of section 607,1006, lits Articles of Incorporation:   | Florida Statutes, this <i>Florida Proj</i>   | fit Corporation adopts the fo                        | llowing amendment(s) to |
| A. If amending name, enter the new name of  | the corporation:   |  |                         |
| G7 Transportation, Inc.   |  |  | The new                 |
| name must be distinguishable and contain the wo<br>"Inc.," or Co.," or the designation "Corp,"<br>"chartered," "professional association," or the | "Inc," or "Co". A profession   | r "incorporated" or the abbral corporation name must | reviation "Corp"        |
| B. Enter new principal office address, if appl<br>(Principal office address MUST BE A STREE)  |  |  |                         |
|   |  |  |                         |
| C. Enter new mailing address, if applicable:  |  |  |                         |
| (Mailing address MAY BE A POST OFFIC  |  |  |                         |
|   |  |  |                         |
|   |  |  |                         |
| D. If amending the registered agent and/or renew registered agent and/or the new registered.  |  | da, enter the name of the                            |                         |
| Name of New Registered Agent  |  |  |                         |
|   |  |  | <del></del>             |
|   | (Florida street address)   |  | <del></del>             |
| New Registered Office Address:  |  | , Florida  |                         |
|   | (City)   | , riorida  | (Zip Code)              |
|   |  |  |                         |
|   |  |  |                         |
| New Registered Agent's Signature, if changing hereby accept the appointment as registered ag  | g Registered Agent:  vent - Lam familiar with and acce   | ent the obligations of the nos                       | ition                   |
| 2,  | , com a management of the contraction of the contra | princ congunous of me posi                           | mon.                    |
|   |  |  |                         |
|   | Signature of New Registered Age  |  |                         |
|   | Administration of March 11 and 11 december 11 december 12 december 11 december 12 december |  |                         |

Check if applicable

<sup>☐</sup> 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> | John Do    | <u>oe</u>     |                          |
|-------------------------------|-----------|------------|---------------|--------------------------|
| X Remove                      | <u>V</u>  | Mike Jo    | <u>ones</u>   |                          |
| X Add                         | <u>sv</u> | Sally Si   | <u>mith</u>   |                          |
| Type of Action<br>(Check One) | Title     |            | Name          | <u>Addres</u> s          |
| 1) Change                     | D         |            | Khalil Risheg | 8451 Blackstone Ridge CT |
| Add                           |           |            |               | Las Vegas, NV 89135      |
| X Remove                      |           |            |               |                          |
| 2) Change                     |           | _          |               |                          |
| Add                           |           |            |               |                          |
| Remove 3) Change              |           | _          |               |                          |
| Add                           |           |            |               |                          |
| Remove                        |           |            |               |                          |
| 4) Change                     |           | _          |               |                          |
| Add                           |           |            | ······        |                          |
| Remove                        |           |            |               |                          |
| 5) Change                     |           | <u>-</u> . |               |                          |
| Add                           |           |            |               |                          |
| Remove                        |           |            |               |                          |
| 6) Change                     |           | _          |               |                          |
| Add                           |           |            |               |                          |
| Remove                        |           |            |               |                          |

| ttach <i>additi</i> | onal sheets, if nec | onal Articles, en<br>cessary). (Be sp | ecific)           |                |                  |          |
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| an amendi           | nent provides for   | r an exchange, re                     | eclassification o | r cancellation | of icenad charac |          |
| rovisions f         | or implementing     | the amendment                         | if not contained  | in the amend   | ment itself:     | 1        |
| (if not a           | pplicable, indicate | e N/A)                                |                   |                |                  |          |
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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the   |
|---|---|
| Effective date <u>if applicable</u> :   |   |
| (no more than 90 days at  | fter amendment file date)                                       |
| Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.             | tutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| The amendment(s) was/were adopted by the incorporators, or board of action was not required.  | directors without shareholder action and shareholder            |
| ☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.                               | of votes cast for the amendment(s)                              |
| ☐ The amendment(s) was/were approved by the shareholders through voti<br>must be separately provided for each voting group entitled to vote separately. | arately on the amendment(s):                                    |
| "The number of votes cast for the amendment(s) was/were suffici   | ent for approval  |
| by  | AH NG   |
| (voting group)  | 888 - 6 T   |
| August 2, 2024 Dated  | TALLAHASSEE, FLORID   |
| Signature Grea Chickness  | ₽   |
| (By a director, president or other officer – if di<br>selected, by an incorporator – if in the hands o<br>appointed fiduciary by that fiduciary)        |   |
| Greg Chickneas  |   |
| (Typed or printed name of I   | person signing)   |
| President   |   |
| (Title of person signing)   |   |