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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	BLUE MONI	KEY EXPRESS,	INC						
DOCUMENT NUMBER: _	P24000003	570							
The enclosed Articles of Am	endment and fee are su	bmitted for filing							
Please return all corresponde	nce concerning this ma	itter to the follow	ing:						
JASO	N MC MAHAN								
	Name of Contact Person								
BLUI	BLUE MONKEY HEAVY HAUL, INC								
	Firm/ Company								
1603	1603 43RD STREET N								
		Addro	ess						
TAM	PA, FL 33605								
		City/ State and	d Zip Code						
JMIF	L75@YAHOO.COM								
E	-mail address: (to be us	sed for future ann	ual report n	otification)					
For further information conc		se call:	863	581-4158					
Name of Con	ar (Area Code	& Daytime Telephone Number						
Enclosed is a check for the fo	-			V					
\$35 Filing Fee	J\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing A Amendmen Division o P.O. Box 6 Tallahasse	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

L	1	١.	1	13	N/	M)	NK	EV	EX	DD.	223	INC

(Name of Corporation as c	urrently filed with the Florida	Dept, of State)
P24000003570		
(Document No	umber of Corporation (if known)	
ursuant to the provisions of section 607,1006, Florida Statut s Articles of Incorporation:	tes, this <i>Florida Profit Corporati</i>	on adopts the following amendment
If amending name, enter the new name of the corpora	tion:	
BLUE MONKEY HEAVY HAUL,, INC		The new
ame must be distinguishable and contain the word "corporat Inc.," or Co.," or the designation "Corp," "Inc," or " chartered," "professional association," or the abbreviation	Co". A professional corporation	ited" or the abbreviation "Corp.,"
, ,	NΑ	
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> 		
<u></u>	· /	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
		
		7.02 202
		<u></u>
 If amending the registered agent and/or registered off new registered agent and/or the new registered office: 		e name of the
N'A		27 []
Name of New Registered Agent		
(ri	lorida street address)	
New Registered Office Address:	(City)	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent. I am fo		ations of the position.
	f New Registered Agent, if chang	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = 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 Doc, 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
				<u> </u>
		<u> </u>		
				
				
				
			•	
			·····	
				
		 		
			· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	nge, reclassification, o	r cancellation of iss	ued shares,	
provisions for implementing the amen	dment if not contained	l in the amendment	itself:	
(if not applicable, indicate N/A)				
A				
		<u>,,</u>		
				
			•	
		<u> </u>		

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The date of each amendment(s) and the this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement and State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the autificient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated X 8-	23-2024	
Signature X		
(By a d	d by an incorporator – if in the hands of a receiver, trustee, or	e not been other court
appoin	ted fiduciary by that fiduciary)	
	JASON MC MAHAN	
	(Typed or printed name of person signing)	
	PRESIDENT/AMBR	
	(Title of person signing)	