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12/10/24--01023--005 **35,00

ALLAHASSEE, FLORIDA

PA DEC 10 PM 4:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EZAF RENTALS	& TRANSPORTATION S	ERVICES CORP		
	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	OMAR BASCO				
		Name of Contact Persor	1		
	EZAF RENTALS & TRANSPORTATION SERVICES CORP				
	Firm/ Company				
	5063 SW 56TH ST				
		Address			
	OCALA, FL 34474				
		City/ State and Zip Code	•		
	MIDTAXPAPERS@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at (300-9690		
Name of Contact Person		at (Area Coo	de & Daytime Telephone Number		
	r the following amount made				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

EZAF RENTALS & TRANSPORTATION SERVICES CORP

(<u>Name</u>)	of Corporation as curre	ently filed with the Floric	la Dept. of State)
F2400038273	(Document Number	er of Corporation (if know	
Pursuant to the provisions of section 607 its Articles of Incorporation:	•		ation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>.</u>	
NONE			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	. A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	NONE	20
(Principal office address MUST BE A S		NONE	0 1
		NONE	IL CONTRACTOR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NONE	P D
		NONE	ORIGE S
		NONE	>
D. If amending the registered agent at new registered agent and/or the ne			the name of the
Name of New Registered Agent	NONE		
	NONE		
	(Florida	ı street address)	
New Registered Office Address:	NONE		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ligations of the position.
	Signature of Ne	w Registered Agent, if cha	nging
Check if applicable The amendment(s) is/are being filed p	oursuant 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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
VP	FACUNDO D VANGIONI	11239 LISTENING DR
		ORLANDO, FL 32832
MGR	MARIMIL PADILLA RIVERA	5063 SW 56TH ST
		OCALA, FL 34474
		NONE
	NONE	NONE
		NONE
		NONE
	NONE	NONE
		NONE
		NONE
	NONE	NONE
		NONE
		NONE
	NONE	NONE
		NONE
		NONE
	V SV Title VP	Y Mike Jones SV Sally Smith Title Name VP FACUNDO D VANGIONI MGR MARIMIL PADILLA RIVERA NONE NONE NONE

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
NONE				
F. If 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)				
(if not applicable, indicate N/A) NONE				
NONE				

• •	12/05/2024	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		233,31,2
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirent epartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ade action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
by the charabolders was/ware or	opted by the shareholders. The number of votes cast for the difficient for approval.	amendment(s)
must be separately provided for	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	TAL MANASSEE, FLORIDA MINES
	for the amendment(s) was/were sufficient for approval	ED P
by	(voting group)	FLORID L: 45
12/06/2024 Dated	4	7
Signature	<u> </u>	
selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	ave not been or other court
	OMAR BASCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	