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COVER LETTER

TO: Amendment Section
Division of Corporations

,

NAME OF CORPORATION: ORTIZ 3K TRA	ANSPORT INC.	
DOCUMENT NUMBER: P24000074731		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	PABLO A. ORTIZ	
	Name of Contact Person	
	ORTIZ 3K TRANSPORT INC.	
	Firm/ Company	
	3551 39TH AVE SOUTH	
	Address	
	PALM SPRINGS FL 33461	
	City/ State and Zip Code	
LAS	STBOYHAULING@GMAIL.COM	
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, plea-	se call:	
PABLO A. ORTIZ	at (at (561)377-4292	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43,75 Filing Fee & ☐\$52,50 Filing Fee 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 Articles of Incorporation of

ORTIZ 3K TRANSPORT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P240	000074731
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>n:</u>
LAST BOY HAULING INC.	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co"chartered," "professional association," or the abbreviation ".	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A r
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent N/A	
(Flori	da street address)
New Registered Office Address:	, Florida
	(Cin) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	<u>gent:</u> liar with and accept the obligations of the position.
Signature of N	ew 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)

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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Doe</u>	
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			

(Attach additiona	adding additional Art al sheets, if necessary).	(Be specific)	<u>egs) here:</u>			
N/A						
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provisions for i	nt provides for an exclimplementing the ame icable, indicate N/A)	hange, reclassifica andment if not con	ntion, or cancella ntained in the an	ntion of issued sh nendment itself:	ares,	=
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The date of each ame date this document was	endment(s) adoption:	, if other than the
Effective date if appli	A1/A	
	(no more than 90 days after amendment file date)	
Note: If the date insedective d	erted in this block does not meet the applicable statutory filing requirements, this date will no date on the Department of State's records.	ot be listed as the
Adoption of Amendm	nent(s) (<u>CHECK ONE</u>)	
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholder action and shured.	areholder
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The following statement provided for 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	
by	(voting group)	
	(toling group)	
Date	ed12/14/2024	
Sign	nature Pall 400	
Ü	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	PABLO A. ORTIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	