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COVER LETTER

TO: Amendment Section

Division of Corporations Petts Transportation Solutions Inc NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Name of Contact Person

Registered Agent

Firm/ Company 6119 SW 27th St. Swife Swith Miramar, Florida, 33023
City/ State and Zip Code Mpe/+ 7/ @yahoo Corr For further information concerning this matter, please call: Pelt, Martin 1)
Name of Contact Person at ($\frac{954}{}$) 394-5935 Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles of Incorporation	
of	
Pelts Transport Solutions Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenits Articles of Incorporation:	idment(s) to
A. If amending name, enter the new name of the corporation:	
	Matter)
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corporation," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the or "chartered," "professional association," or the abbreviation "P.A."	rp., "
in the second of	Ξ -
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office address <u>51031 BE A STREET ADDRESS</u>)	
	35 - 1
	교
C. Enter new mailing address, if applicable:	Ö
(Mailing address MAY BE A POST OFFICE BOX)	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	_
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	

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)

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	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address 662 Empire St
1) Change	<u> </u>	Pelt, Alfred R	662 Empire St Port St. Lucie, FL, 34983
Add Remove			6117 SW 279 St Swith Sath
2) Change	<u>UP</u>	Polt, Martin	M.ramar, Fl, 33023
Add Remove 3) Change	<u></u>	Polt, Martin	6117 SW 37th St. Swith South
<u>✓</u> Add			
Remove 4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	licable statutory 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, of action was not required.	r board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. It by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled.	
"The number of votes east for the amendment(s) was/v	vere sufficient for approval
by	
(voting group)	
	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
Markin	D. Pelt d name of person signing)
Residont	
(Title of person	signing)