## P96 0000 20475

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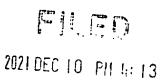
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: J.G.T Transportation	on, Inc.	
	1BER: P96000020475		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Nicholas Apathy, Esq.		
		Name of Contact Persor	n
	Nicholas T. Apathy, P.A.		
		Firm/ Company	
	224 Palermo Ave	. Alta Company	
		Address	_
	Miami, FL 33134		
		City/ State and Zip Code	e
	napathy@nalawpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Nicholas Apathy		at ( 305	400-8802
Name	of Contact Person	at ( 305 ) 400-8802 Area Code & Daytime Telephone Number	
Enclosed is a check t	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee FL 32314		2415 8	V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



J.G.T. Transportation Inc.		SECRET: Second
( <u>Name of</u>	Corporation as currently	filed with the Florida Dept. of State)
P96000020475		
	(Document Number of 0	Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new nar	ne of the corporation:	
-		27
	rp," "Inc," or "Co". A	Thenew mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if (Principal office address MUST BE A ST.		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and new registered agent and/or the new	registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	Manuel Macas Minga	<del></del>
_		
	Ælorida stree	t address)
New Registered Office Address:		Florida
	il.	Tity) (Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register		th and accept the obligations of the position.
	Signature of New Reg	istered 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Maria Rosa Gonzalez	520 SOUTH KROME AVENUE
Add			Homestead, FL 33030
Remove  2) Change	PD	Manuel Macas Minga	520 SOUTH KROME AVENUE
X Add			Homestead, FL 33030
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	<del></del> .	
	<u> </u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<u> </u>	<del></del>	

.

11/1/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
11/1/2021	
Effective date <u>if applicable</u> :	
(no more than 90 days after amenan	iem fue date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors w action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	ist for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for app.	roval
by	
by	<del></del> '
11/1/2021	
Dated	
And Adam	
Signature	
(By a director, president or other officer - if directors or o	
selected, by an incorporator - if in the hands of a received	, trustee, or other court
appointed fiduciary by that fiduciary)	
Manuel Macas Minga	
(Typed or printed name of person sign	ing)
President	
(Title of person signing)	
( r ma or paraon organiza)	