P20000055593

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: BGR TRANSPOR	T CORP	
	IBER: P20000055593		
The enclosed Article	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	BRAYAN G. RINCON		
		Name of Contact Person	n
	BGRA TRANSPORT, COR	P	
		Firm/ Company	
	6491 COW PEN RD. APT-1	• •	
		Address	_
	MIAMI LAKES, FL 33014		
		City/ State and Zip Cod	<u>v</u>
	BRAYAN2587@HOTMAIL	COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se calf:	
BRAYAN G. RINCO)N	754 at (423-3416
Name of Contact Person		at (754) 423-3416 Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	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 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 to Articles of Incorporation of

BGR TRANSPORT CORP			
(Name of Corporation as cur	rently filed with the Florida	Dept. of State)	
P20000055593			
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corporat</i>	ion adopts the following amendm	ient(s) to
A. If amending name, enter the new name of the corporatio	<u>on:</u>		
BGRA TRANSPORT, CORP		The ne	M.
	". A professional corporat		
B. Enter new principal office address, if applicable:	N/A	1£37	. 13
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		11.5	1 1
	The new ontain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Corp.," Inc.," or "Co". A professional corporation name must contain the word ition," or the abbreviation "P.A." ress, if applicable: EASTREET ADDRESS) N/A applicable: OST OFFICE BOX) N/A (Florida street address) (Florida street address)		
			11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	# H 72	
(Mailing address MAT BE A POST OFFICE BOX)		-	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		<u>ie name of the</u>	
Name of New Registered Agent N/A			
tFlori	ida street address)		
New Registered Office Address:		, Florida	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered A	rgent:		
I hereby accept the appointment as registered agent. I am fami		gations 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 = Trustec; 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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
IV/A
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)
N/A

.

Effective date if applicable: (no more than 90 days after amendment file date) Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.		10/29/2020	
Stote: It' the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. **Moption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately 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		ion:	, if other than t
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Brayan G. Rincon			
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(Title of person signing)		(Title of person signing)	