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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates of	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	,
NAME OF CORPORATION:	& L Freight Irc
DOCUMENT NUMBER:	213666094648.
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	enia Obsta
Na (Name of Contagn Person
7951 SU) 40 ST Ste 204
Na	mi Cl 33165
E-mail address: (10 be t	City/ State and Zip Code (a) (b) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
For further information concerning this matter, ple	ase call:
Menia Quota	at (305) 226-2555
Name of Contact Person Enclosed is a check for the following amount made	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Piorita Department of State.
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301

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, Articles of Amo	endment .
to Articles of Incor	manutur
(a) (a)	
C the height	A.
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
(Document Number of Corporation (if k	Tributan di Salaman di
	The second se
Pursuant to the provisions of section 607.1006 , Florida Statutes, this Fl its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	ν.
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	36435W 166 Ave Misamas Fl 33027.
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
0 11 0	ermodez.
3643 SW 16	6 Aul
(Florida stree	et address)
A 11	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

New Registered Office Address:

(City)

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 <math>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.

Example: X Change	<u>РТ</u> John E	<u>Doc</u>	
X Remove	V Mike.	Jones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Luis F Lopez Riley	13199 NW 107th Ave Ste#8.
Remove			Hialean bardens \$1 33018.
2) Change	VP_	aniel Currel	13199 LW 107-th Ave Ste#8
Remove 3) Change	P	Camila Bermudez.	History Gardons Fl33016 3643 SW 166 Aye Neramar Fl 33027.
Remove			Privation FT 5500)
4) Change			
Remove 5) Change			
Add Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	cles, enter chang (Be specific)				
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The date of each amendment(s) adoption	on: 11/04/14 ·	_, if other than the
date this document was signed.	1/ // 1	
Effective date if applicable:	11/04/14.	 -
	(no more than 90 days after amendment file date)	
Adoption of Amandment(s)	(CHECK ONE)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	c amendment(s) was/were sufficient for approval	
by:	,,,	
_	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder	
action was not required. Dated	of the incorporators without shareholder action and shareholder	
Signature		_
selected, by	or, president of other officer if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	Lois F Lopez Riley	
	(Typed or printed name of person signing)	
	(Title of person signing)	