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(Requ	estor's Name)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D AND G T	RANSPORTAT	ION INC
	P0200012836		
	of Amendment and fee are su		
Please return all corres	pondence concerning this mat	ter to the following:	
	EMMANUEL DEL	-VA	
	D AND G TRANS	Name of Contact Person	
	12145 NW 7TH A	Firm/ Company VENUE	
	MIAMI, FL 33168	Address	
		City/ State and Zip Code	e
ang	granjan2@gmail.c E-mail address: (to be us	om led for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
EMMANUEL	DELVA	at (786	, 277-2795
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D AND G TRANSPORTATION INC.	
(Name of Corporation as currently filed with the	ne Florida Dept. of State)
P02000128362	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>
D AND G CARE TRANSPORTATION I	NC The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviation.	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A FILE
D. If amending the registered agent and/or registered office:	· 清 強 ロ
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent N/A .	
(Florid	la street address)
New Registered Office Address:	, Florida
(6	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agented Agent's Property accept the appointment as registered agent. I am family	
Signature of New Register	red Agent, if changing

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One) 1) Change Add Remove	Title	Name A	Address
2) Change	 	·	
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add		<u></u>	

RTICLE I: NA	l sheets, if necessa ME CHANGE			CARE TRAN	SPORTATION I
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f an amendmen	t provides for an	exchange, recla	ssification, or ca	ncellation of issued he amendment itse	<u>l shares.</u> lf:
(if pot appl	icable, indicate N/.				<u></u>
NIA					
	<u> </u>				

The date of each amendment(s) adoption: 03/26/2015	, if other than the
date this document was signed.	
Effective date if applicable: 03/26/2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/26/2015	
Signature	
(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)	
EMMANUEL DELVA	
(Typed or printed name of person signing) Presi dent	
(Title of person signing)	_ _