

P05000033449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

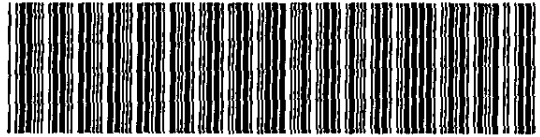
(Business Entity Name)

(Document Number)

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04/22/05--01061--002 **35.00

DAVID CAFAROLA
AUTHORIZATION BY PHONE TO
CORRECT treasurer name
DATE add ch of address
DOC. EXAM RAH office directors

PS 4/29/05
Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Supplement Transport Solutions Inc.

DOCUMENT NUMBER: P05000033449

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID F. CAFARELLI PRESIDENT, SECRETARY, DIRECTOR
(Name of Contact Person)

Supplement Transport Solutions, INC.
(Firm/ Company)

2601 N FLAGLER DR. Ste 104
(Address)

WEST PALM BEACH, FL 33407
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DAVID CAFARELLI PRESIDENT, SECRETARY, DIRECTOR at (561) 655-3031
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Supplement Transport Solutions, Incorporated
(Name of corporation as currently filed with the Florida Dept. of State)

PO 5000033449

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Change of name of treasurer from Scott
Covalesky to BERNARD COVALESKY

Confirmation and appointment of DAVID CAFARELLI
as sole director of Supplement Transport Solutions Inc.

Change of address of corporation to: 2601 N. FLAGLER
DRIVE, Suite 104, WEST PALM BEACH, FL 33407
(PRINCIPAL ADDRESS, registered office; officers/directors)

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 4/2/2005

Effective date if applicable: 4/2/2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved 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)
- 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.

Signed this 14th day of April, 2005.

Signature David Cafarelli PRESIDENT
(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)

DAVID CAFARELLI
(Typed or printed name of person signing)

PRESIDENT, Secretary, Director, Incorporator
(Title of person signing)

FILING FEE: \$35