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10/25/10--01046--022 **35.00

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	ORATION: ULTIMAT	E TRANSPORTATION SE	RVICES, INC.		
DOCUMENT NUM	MBER:	P05000098086	Ann		
The enclosed Article	es of Amendment and fee a	re submitted for filing.			
Please return all cor	respondence concerning thi	is matter to the following:			
_		OMAS R HERRERA	***************************************		
	N	lame of Contact Person			
_	T.R. HERRER	A FINANCIAL SERVICES INC.	· · ·		
Firm/ Company					
_	1250 E HAL	LANDALE BCH BLVD #402	··· ·		
		Address			
_	· · · · · · · · · · · · · · · · · · ·				
	C	ity/ State and Zip Code			
	TOM (E-mail address: (to be use	@TRHFIN.ORG d for future annual report notification)			
For further informat	tion concerning this matter,	please call:			
THOM	IAS R. HERRERA	at (954) 45	57-0970		
Name of Contact Person		Area Code & Daytime Tele	ephone Number		
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment of State:		
 	□ \$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		Street Address Amendment Section			
Amendment Section Division of Corporations		Division of Corporations			
P.O. Box 63	•	Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle	e		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

ULTIMATE TRANSPORTATION SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P05000098086

(Document Num	iber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Clorida Profit Corporation ad	lopts the follow
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if appl	licable:		
(Principal office address <u>MUST BE A STREE</u>			<u>~</u>
			10 OCT 25 PH 2: OL
·			_8
C Enter new mailing address if applicables			138.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
		·	_ %
			- <u> </u>
			
D. If amending the registered agent and/or r new registered agent and/or the new registered.		in Florida, enter the name of	<u>the</u>
new registered agent and/or the new regis	stereu omice auuress.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		, Florida	
•	(City)	(Zip Code)	
N B 14 14 15 4 15 1	7 5		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		and accept the obligations of t	the position.
and approximation and approximation and regulation out of	9***** * ***** J********** ********	accept the conganions of t	Francisco
	ionatura of New Pagistara	od Agant if abayaiya	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PD	LUTCHMIE CHAND	2521 SW 58TH MANOR FORT LAUDERDALE, FL 33312	☑ Add ☐ Remove
<u>PD</u>	GANESH CHAND	2521 SW 58TH MANOR FORT LAUDERDALE, FL 33312	☐ Add ☐ Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, educational sheets, if necessary). (Be s		
F. If an a	mendment provides for an exchange	, reclassification, or cancellation of iss	ned shares.
provisi		nt if not contained in the amendment i	