

PO60000002714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

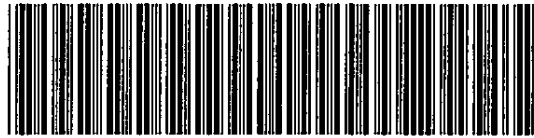
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200074866892

05/22/06--01032--011 \*\*35.00

FILED  
06 MAY 22 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

U.S. DEPT. OF COMMERCE

MAY 31 2006

*Ames*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JIMA TRANSPORT CORP DELETE/ ADD OFFICERS

**DOCUMENT NUMBER:** P06000002714

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

Please return all correspondence concerning this matter to the following:

FELIX A DIEZ

(Name of Person)

DIEZ BUSINESS SERVICES

(Name of Firm/ Company)

4125 W WATERS AVENUE

(Address)

TAMPA FL 33614

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

FELIX A DIEZ

(Name of Person)

at ( 813 ) 871 1816

(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

JIMA TRANSPORT CORP

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

P06000002714

(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):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

Article II    Change    Principal Place of Business & Mailing Address:

7810 Tanglewood Lane    Tampa FL 33615

Article VII:    Officers

Delete Officer:    VPresident:    ARTURO MARIN

Add Officer:    VPresident    MAYTE MACIAS

7810 Tanglewood Lane

Tampa FL 33615

Article V:    Change address of registered agent:

7810 Tanglewood Lane    Tampa FL 33615

(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)

(continued)

FILED  
06 MAY 22 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: MAY 16 2006

Effective date if applicable: MAY 16, 2006  
(no more than 90 days after amendment file date)

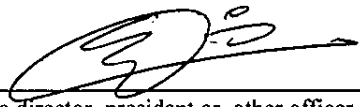
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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 16 day of MAY, 2006.

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)

EDUARDO JIMENEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**