# P06000019131

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF COR	PORATION:	Genesis Transport Logistic	c, Inc.
DOCUMENT NU	JMBER:	P06000019131	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Nuria Munguia	
	١	Name of Contact Person	
	Genesi	s Transport Logistic, Inc.	
		Firm/ Company	
	66	887 River Falls Dr S	
		Address	
	la	cksonville, FL 32219	
		City/ State and Zip Code	
	ganagist	transport@pol.com	
	E-mail address: (to be use	transport@aol.com ed for future annual report notification)	
For further inform	ation concerning this matter.	, please call:	
	Nuria Munguìa	at ( <u>904</u> ) <u>76</u>	65-0157
Namo	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount r	made payable to the Florida Depart	ment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Tallahassee, Fl. 32301

### **Articles of Amendment** to **Articles of Incorporation**

## Genesis Transport Logistic Inc

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

#### P06000019131

(Document Number of Corporation (if known)

	of the corporation:	
		The n
name must be distinguishable and contain abbreviation "Corp" "Inc.," or Co.," or the came must contain the word "chartered," "pr	e designation "Corp," "Inc,"	company," or "incorporated" or or "Co". A professional corporat.
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
new registered agent and/or the new reg		
new registered agent and/or the new reg	istered office address:	lress)
new registered agent and/or the new reg	istered office address:	

# 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>	Address	Type of Action
PD	Freddy O Munguia	6687 River Falls Dr S Jacksonville, FL 32219	
<u>PD</u>	Nuria Munguia	6687 River Falls Dr.S. Jacksonville, FL 32219	☑ Add ☐ Remove
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
<u>provisi</u>		e, reclassification, or cancellation of ent if not contained in the amendmen	

The date of each amendmen	(s) adoption: 08/25/09		
, , , , , , , , , , , , , , , , , , ,	(date of adoption is rea	quired)	
Effective date if applicable:	08/25/09		
	(no more than 90 days after amendment f	file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The numbers sufficient for approval.	er of votes cast for the amendment(	s)
	re approved by the shareholders through vo d for each voting group entitled to vote sep		ent
"The number of votes	east for the amendment(s) was/were suffici	ient for approval	
by		•• -•	
•	(voting group)		
action was not required.	re adopted by the board of directors without re adopted by the incorporators without sha		er
Dated& Signature (By sele	a director, president or other officer – if di cted, by an incorporator – if in the hands o ointed fiduciary by that fiduciary)	inectors of officers have not occur	
	Freddy O Mungui (Typed or printed name of pe	A- erson signing)	Duria munguia
	former president. (Title of person signing)		pusident.