P06000050013

(Rec	juestor's Name)	
(Add	Iress)	
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(City	//State/Zip/Phone #	<i>f</i>)
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(Doc	cument Number)	
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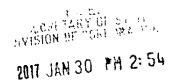
TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: 2A TRANSPOR	T, INC			
DOCUMENT NUMBER: _	P06000050013				
The enclosed Articles of Amo	endment and fee are su	bmitted for filing.			
Please return all corresponde	nce concerning this ma	tter to the following:			
		BLANCA ZACARIAS			
		Name of Contact Person	3		
	GENERAL SOLUTIONS, INC				
	Firm/ Company				
	13205 SW 137TH. AVE SUITE 113				
Address					
	MIAMI, FL 33186				
 -		City/ State and Zip Code			
	blanc	a@general-solutionsinc.com	m		
E	-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Blanca Zacarias		305	255-3310		
Name of Con	tact Person		de & Daytime Telephone Number		
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee □	1\$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			Address Iment Section		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2A TRANSPORT, INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
	P06000050013
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cou	poration:
	The new a corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD.</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
NEW RESISTER Office Nauress.	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
Sign	ature of New Registered 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)

Example:

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 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.

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)	Title	Name	Address
1) Change	PD	JUAN C HENAO	11050 SW 196TH. ST
Add X Remove			MIAMI, FL 33157
2) X Change	PD	ANA M HENAO	11050 SW 96TH ST
Add			MIAMI, FL 33157
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	 -		
Add			
Remove			

. <u>If amendin</u> (Attach <i>addi</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
(:	ARTICLE IX
	OWNERHSIP OF SHARES
ADD	ANA M HENAO 100% OWNER
	11050 SW 196TH. ST
	MIAMI, FL 33157
_	
F. If an amen	dment provides for an exchange, reclassification, or cancellation of issued shares,
provision	s for implementing the amendment if not contained in the amendment itself:
(ij noi	applicable, indicate N/A)

	11/02/16	<u>.</u> F	of the section of the
The date of each amendment(s) adoption:	14 19 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	if other than the
date this document was signed.		441910 u. av.	
000-41 1-4-1011-11-	11/02/16	SMAL Tree	0 PH 2: 54
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)	
	nis block does not meet the applicable statutore Department of State's records.	ory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of re sufficient for approval.	votes cast for the amendment(s)	
	e approved by the shareholders through voting for each voting group entitled to vote separa		
"The number of votes	cast for the amendment(s) was/were sufficient	for approval	
by	(voting group)	.,,	
	(voting group)		
The amendment(s) was/were action was not required.	e adopted by the board of directors without sha	areholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareho	older action and shareholder	
se	y a director, president or other officer – if directed, by an incorporator – if in the hands of a pointed fiduciary by that fiduciary) ANA M HENAO (Typed or printed name of per	a receiver, trustee, or other court	
	PRESIDENT		
		, , , , , , , , , , , , , , , , , , , 	
	(Title of person si	igning)	