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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: DESCRIZA	Transportation, Inc
	2974
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
Mauro Na 20esouza 22775 Su) G Baca Rafa	Riberto me of Contact Person Transportation, Irc Firm/ Company OG the Ave, apt 204 Address On, Fl. 33428 Try/ State and Zip Code
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please cal	l:
Mauro Ribeiro	at (561) 305-0182
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status (S43.75 Filing Fee & S52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Desouza Viansportatio	on, Inc
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	762
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	760 SE 9 NE #4262
(Mulling duaress MAT BE A FOST OFFICE BOS)	74 - 1 old mel. & 334(49)
	partiette in
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	areet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registered Agel I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
	Registered Agent, if changing
Signature of New	Registered Agent, if changing
Check if applicable	77
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.

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)

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	VF) —	Jose F	1. Bijos	7605E 2rd Ave, apt H202
_*X_Add					apt H202
Remove					Deexpield Beach, FL 3344.
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if necessary).	cles, enter change (Be specific)				
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f an amendment provides for an exc	hange, reclassific	cation, or cance	llation of issue	<u>a snares,</u>	
provisions for implementing the am (if not applicable, indicate N/A)	enament ii not co	ontamed in the	amendinent it.	<u>, (1).</u>	
(if not applicable, indicate intro					
		-		<u> </u>	-

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The date of each amendment(s) adoption: 1104/2020 if other than the date this document was signed.
Effective date if applicable: 1 OY 2020 (no more than 90 days after amendment file date)
(no more than 30 days after amenament fite date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted 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
Dated
(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)
(Typed or printed name of person signing)
(Typed of printed name of person signing) (Title of person signing)