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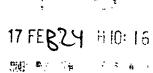
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Poinciana Transportation, Inc. DOCUMENT NUMBER: P06000100151 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Maria Montes Name of Contact Person Poinciana Transportation, Inc. Firm/ Company 603 Caddy Dr. Address Kissimmee/ FL 34759 City/ State and Zip Code poincianatrans@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Montes Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
Please return all correspondence concerning this matter to the following: Maria Montes
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Enclosed is a check for the following amount made payable to the Florida Department of State:
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\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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



Poinciana Transportation, Inc.	The same and the s
(Name of Corporation	as currently filed with the Florida Dept. of State)
P06000100151	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S as Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
1. If amending name, enter the new name of the corp	oration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR.	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered	
new registered agent and/or the new registered off	fice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
Hen Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
hereby accept the appointment as registered agent. I a	ım familiar with and accept the obligations of the position.
Vignatu	we 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)

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 <math>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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	S	Jomari Borrero	1126 Munster Ct.
Add			Kissimmee, FL 34759
Remove			
2)Change	<u>T</u>	Damaris Torres	563 Bar Dr.
X Add			Kissimmee, FL 34759
Remove			
3) Change	<u>v</u>	Joann D. Montes	255 Cranbrook Dr.
X Add			Kissimmee, FL 34758
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change	***		
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
WA.	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

date this document was signed.	doption:, if other than t
_	5/17
Enective date <u>it applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as t epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were appunted the separately provided for	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
2/15/17 Dated	
Signature W	ani Was
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Maria Montes
	(Typed or printed name of person signing)
	President
	(Title of person signing)