P06000120797

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nam	ne)
(Do	ocument Number)	335.
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Ramy transport Corp. DOCUMENT NUMBER: P060000 120797.
DOCUMENT NUMBER: P060000 120797.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yovany Ramps. (Name of Contact Person)
the Simplex Central Tre
5800 NW 74 Avenue
(Addiess)
miami. FL 33166 (City/State and Zip Code)
(City/ State and Zip Code)
For further information concerning this matter, please call:
Permit Defortment at 305, 5998287 (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:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation							
Ramy transport corp. Es :							
(Name of Corporation as currently filed with the Florida Dept. of State)							
(Document Number of Corporation (if known)							
(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:							
A. If amending name, enter the new name of the corporation:							
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."							
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) April # 4							
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Apt #6							
Miani FL 33172							
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:							
Name of New Registered Agent:							
New Registered Office Address: (Florida street address)							
<u></u>							
(City) (Zip Code)							
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.							

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The date of each amendment(s)	adoption:	2 L	<u> </u>	<u> </u>			
Effective date if applicable:	.,	5		09			
(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(CHECK ON	<u>(E)</u>			1 Sér A Sér		
The amendment(s) was/were by the shareholders was/were		ders. The nur	nber	of votes cast for the	FIL FILL		
☐ The amendment(s) was/were must be separately provided j							
"The number of votes car	st for the amendment(s)	was/were suf	ficie	nt for approval	ATE RIDA		
by	poting group)		"	•			
The amendment(s) was/were action was not required.	adopted by the board of	directors with	nout	shareholder action a	and shareholder		
The amendment(s) was/were action was not required.	adopted by the incorpora	ators without	share	eholder action and s	shareholder		
Dated	5/1/09						
Signature	11/4	<u></u>	C 1:	65			
selecte	director, president or oth ed, by an incorporator — nted fiduciary by that fid	if in the hand					
	Youani	1 6	2	amos	Ramos		
Typed or printed name of person signing)							
President							
(Title of person signing)							