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(Business Entity Name) (Document Number)	12/19/1701017003 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BETTER WAY C.	ARGO SERVICES, INC	<u>. </u>
DOCUMENT NUMB		<u> </u>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	JOSE DASILVA		
-		Name of Contact Persor	1
-		Firm/ Company	
	5137 DW 11	6 CT	
-	DORAL FL	Address	
<u>-</u>	COMME FC	City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSE DASILVA		at i	1
Name o	f Contact Person	Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment

to Articles of Incorporation of

FILED

17 DEC 18 AH 10: 58

BETTER WAY CARGO SERVICES, INC

S. INC STATE OF THE PARTY OF TH

(Name	of Corporation as currently	filed with the Florida Dept. of State)
P07000033124		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address,		N/A
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A
(Fluning dualess MERT DE R. 1 OST	OTTICE BOX	
D. If amending the registered agent ar		
new registered agent and/or the ne	w registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	JOSE DASILVA	
	5137 DW 116	ct:
	(Florida stre	et address)
New Registered Office Address;		City (Zip Code)
- Control of the Cont	1	City) (Zip Code)
N. B. C. J. O. C		ı
New Registered Agent's Signature, if c I hereby accept the appointment as regist	<u>hanging Registered Agent:</u> Iered agent. I am familiar w	ith and accept the obligations of the position.
	,,	
	1	
	Just)	gistered Agent, if changing
	Signature of New Re	gimerea agem, ij 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 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: XChange	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JOSE DASILVA	5137 NW 116 CT DORAL FL 33178
X Add			DORAL FL 33178
Remove			
2) Change	PD	HERNADO ARANGO	11617 NW 62nd TERRACE
Add			UNIT #429
X Remove			DORAL, FL 33178
3) Change	-		<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
4	
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If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	·
tno more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK QNE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	ગ
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	_
(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))
JOSE DASILVA	
(Typed of printed name of person signing)	
PRESIDENT DIRECTOR	
(Title of person signing)	·