## P07000051031

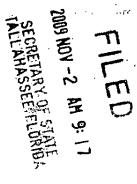
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



300161752723

none change

10/23/09--01008--008 \*\*35.00



11/3/09

## **COVER LETTER**

TO: Amondment Se			
Division of Co	rporations /	0 10	
	1/	1	
NAME OF CORPO	DRATION: TOPPE	sa Transport	<u>Jenvices</u>
	1	$\mathcal{A}$	
DOCUMENT NUN	/BER:		·
The enclosed Article	e of Amendment and fee ar	e submitted for filing.	
Please return all cor	respondence concerning this	s matter to the following:	,
		1	
	( Parity	Longo.	
_	The state of the s	ame of Contact Person	<del></del>
/	$\left( \frac{1}{2} \right) \left( \frac{1}{2} \right)$		i)
ي (د	enesel / no	ansport de	Vices
_	· ·	Firm/Company	
	Jam What		
•	7899 Week	36 aum	<u>///</u>
_	1 0 0	Address	- 101
		100	100
	Hallak,	F2. 330	18
7	1 1.11	ity/ State and Zip Code	and
	Lattella incal	Dino coma -	
	E-mail address; (to be used	d for future annual report rightication)	- First
(Lo		d for future annual report nelification)	OM Z
Earthan informat	tion concerning this matter,	- ·	
/ // 5/	non objectiffing trad meaning	-n/ 000 /	3000
Jaritza	- opez	at (786 )877-7	330
Name	of Contact Berson	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depart	nent of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee &	☐ \$43.75 Filing Pec &	□ \$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Cortificate of Status Certified Copy
	•	(Manifolial poby in anatorous)	(Additional Copy is enclosed)
Mailing Ad	Arace	Street Address	
Amendment		Amendment Section	;
Division of Corporations		Division of Corporations	
P.O. Box 63		Clifton Building 2661 Executive Center Circl	r
Tallahassee,	, F1, 32514	Tallahassee, FL 32301	•

Articles of Amendment FILED
Articles of Incorporation
Herrena Transport Services Taxa 2009 NOV-2 AM 9:17
Herrera ransport Services Tacchetary of STATE (Name of Corporation as currently filed with the Florida Dept. of State ARS SEE FLORIDA
(Name of Corporation as currently filed with the Florida Dept. of 541th)AHASSES
· COLETE LORIDA
(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:  OCM CALL TWO AND SET SERVICES THE PROPERTY OF THE
name must be distinguishable and contain the world "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co". /. professional corporation
B. Enter new principal office address, if applicable: 1859 West 36 auchul
<u> </u>
(Principal office address MUST BE A STREET ADDRESS)
Hialeah, 1-L. 33018
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florids, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: (1859 West 36 CULKUL
New Registered Office Address:    Interior of the Storida Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Street address     Interior of the Storida   Storida   Storida   Storida     Interior of the Storida   Storida   Storida   Storida   Storida     Interior of the Storida
(City) (Alp Loue)
New Registered Agent's Signature, if changing Roustered Agent:  I hereby accept the appointment as registered agent. Imperitually with and accept the obligations of the position.
Buttone
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, anter 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)				
T)		Name Vajaira Herrer	a 3513 SW 3 St Duany Fy 3313	Type of Action  Add  Bir Remove
	P	Claritza Lope	Address  a. 3513 SW 3 St  Duany, Fu 3313  7859 W. 364 Au  Sto 101  History, Fr. 330	Add Remove
_	<u> </u>	· · ·		_
E.	If amending (attach additi	or adding additional Articles, emissional sheets, if necessary). (Be spe	ter change(s) here: ecific)	
	· · · · · · · · · · · · · · · · · · ·			
_				
F.	provisions		reclassification, or cancellation of is if not contained in the amendment	
_				
_				
		•	<b>'</b> .	

The date of each amendment(s) adoption: 10-26-09				
Transaction Land of the St.	(date of adoption is required)			
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)			
•				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the **mendment(s):			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	94			
(1	poting group)			
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder			
Dated S	Dalog			
Signature W	amentor/president or other afficer - if directors or officers have not been			
folco:	be, by an incorporator — if in the hands of a receiver, trustee, or other court			
appoi	inted ficture ary by that fiduciary)			
	Claritza Lopez			
	(Typed or printed name of person signing)  NOS (OEX			
	(Title of person signing)			