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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STARE
TALL ARPASSED, FLORIDA

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CSR</u> T DOCUMENT NUMBER: <u>PO700</u>	ransport Corp				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
	Name of Contact Person				
	Firm/ Company				
	Address				
	City/ State and Zip Code				
E-mail address: (to be u	sed for future annual report notification)				
For further information concerning this matter, plea	se call:				
Miquel Narvaez	at (845) 978-8752 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

· of	
CSR Trans	SPACT CAR
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P070000	73102
	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 mew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name musticontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Oakland Park, FL 33334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1001 NE 39th Dr Ap+#2. Oakland Parlz, FL 33334
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent Miguel And LOO! NE 39	Gel Narvaez JR H Dr Apt#2 eet address)
New Registered Office Address: Oakland Pa	Arlz, Florida 33334 (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.

Signature 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 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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Khange	P	Miguel Angel Narvaez JR	1001 NE 39th Drive
Add		O U	Ap+#2
Remove			Ap+#2 Oalcland Park, FL 3333
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(A	ttach additional sl	ling additional Articl heets, if necessary).	(Be specific,)		
	hanged	Address	and	Registered	Agent	Address
<u>-</u>						
			<u></u>	· 		
	-					
			-			
		<u></u>				
		provides for an excha plementing the amen				
	(if not applica	ble, indicate N/A)	2010111 12 1101			<u>e.</u>
	N/.	A				
						

	, if other than the
date this document was signed.	
Effective date if applicable: 5-12-16 (no more than 90 days after amendment file date)	
(no 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 da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	भ
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5-12-16 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 cour	
appointed induciary by that fiduciary)	•
Miquel Narvaez	
Miguel Narvaez_ (Typed or printed name of person signing)	
President	
(Title of person signing)	