Po7000077923

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(City/State/Zip/Phone #)			
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TALLAHASSEE, FILORIO

7/12/10

· COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	PERUVIAN CARGO CORP
. DOCUMENT NUMBER:	P07000077923
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
	ROSA CAVALIE
	Name of Contact Person
<u></u>	
	Firm/ Company
	16782 ROYAL POINCIANA DRIVE
	Address WESTON FL 33326
The second secon	City/ State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
For further information concerning the	
Name of Contact Person	at (954) 380-140 v Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

2010 JUL -9 AM '9: 05

PERUVIAN CARGO CON.

(Name of Corporation as currently filed with the Florida Dept. of State)
SECRETARY OF STATE
TALLAHASSEE REORIDA

(Document Number of Corporation (if known)

visions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	<u>):</u>	.]	49
me must be distinguishable and contain the word "corp breviation "Corp.," "Inc.," or Co.," or the designation "Co me.must contain the word "chartered," "professional associa	orp," "Inc." or "C	Co". A professional	The n ted" or corporat
Enter new principal office address, if applicable:	16782 ROYAI	<u>L POÍNCIANA DR</u>	<u>IV</u> E
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	WESTON FL	33326	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		4	
If amending the registered agent and/or registered office		la, enter the name of	<u>the</u>
new registered agent and/or the new registered office add	lress:	•	
Name of New Registered Agent:			
			
1000 411			
New Registered Office Address: (Flori	da street address) -		
(City)		, Florida (Zip Code)	
. (3.9)		(24) (1110)	
	gent:		

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)

Title	<u>Name</u>	<u>Address</u>		Type of Action
• . D	ROSA CAVALIE	533 NW 2 PLACE I		
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			• .	_ □ Remove
	•			□ Add
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E. If amendin	g or adding additional	rticles, enter change(s) here:		·
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k Ifanamei	adment provides for an	exchange, reclassification, or canc	allation of is	seued charec
provisions	for implementing the a	mendment if not contained in the		
(if not	applicable, indicate N/A)		•	
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The date of each amendmen	nt(s) adoption: JULY 7. 2010	
Effective date if applicable:	JULY 7, 2010 (date of adoption is required)	
• (• • • • •	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	vere adopted by the shareholders. The number of votes east for the were sufficient for approval.	he amendment(s)
	vere approved by the shareholders through voting groups. The fo ded for each voting group entitled to vote separately on the amer	
"The number of votes	es cast for the amendment(s) was/were sufficient for approval	
by	,,	
<u> </u>	(voting group)	
action was not required. The amendment(s) was/was action was not required.	vere adopted by the incorporators without shareholder action and	shareholder
Dated JUL	LY7, 2010	
sel	By a director, president or other officer – if directors or officers helected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	
	HUMBERTO S CAVALIE	
	(Typed or printed name of person signing)	
	PRESIDENT	 .
	(Title of person signing)	~