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SECRETARY OF STATE

Anend

C.COULLIETTE

JUN - 8 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Munchie TRansport
DOCUMENT NUMBER: 0700081892
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy WALKER Name of Contact Person
Munchie Than fort
3535 NW 3351 Address
Laurendle Lakes FC 33309 City/ State and Zip Code
Phalker 16 & Yahor - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 4
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calcilibrate of Status}\$\$ Certificate of Status \$\ \text{Calcilibrate of Status}\$\$ (Additional copy is enclosed) \$\ \text{Certificate of Status}\$\$ (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Florida I	Dept. of State)	
MUNCHIE TRA	NSPORT Z nber of Corporation (if known	NC	
(Document Nur	nber of Corporation (if known	1)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Flor	ida Profit Corporation ac	lopts the following
A. If amending name, enter the new name o	f the corporation:		
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional	
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			<u> </u>
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u> D. If amending the registered agent and/or	<u>CE BOX</u>)	ALC	SEMBETION SE
new registered agent and/or the new regi		Torida, enter the hange	
Name of New Registered Agent:		PRIOA	-
New Registered Office Address:	(Florida street add	dress)	
	- Cital	, Florida	
Now Desigtated Agentle Signature if the	(City)	(Zip Code)	
New Registered Agent's Signature, if changi hereby accept the appointment as registered of		accept the obligations of t	the position.
	Signature of New Registered A	gant if changing	
•	ngnature oj tvew Registereu A	genn, y enunging	

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	Name GASTON	HARRISON	Address 3965 NW 38 a 1-4 LOGROFIEL FL 33309	Type of Action Add Remove
	ling or adding addition iditional sheets, if necess			
provisio	nendment provides for ons for implementing th ot applicable, indicate N	<u>ie amendment if n</u>	assification, or cancellation of ot contained in the amendmen	issued shares, it itself:
			-	
			7º	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 sharehold action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_6/3/09
Signature Warry Walker
(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 courappointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)