Florida Department of State

Division of Corporations
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To:

Division of Corporations

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Account Name : A & L CARRIER SERVICES INC.

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COVER LETTER

TO: Amendment Section Division of Corporations CHINI TRANSPORTATION CORP NAME OF CORPORATION: P07000113856 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISANDRA GONZALEZ Name of Contact Person CHINI TRANSPORTATION CORP Firm/ Company 10042 NW 127TH TERR Address HIALEAH, FL 33018 City/ State and Zip Code info@alcarrierservices.com E-mail address: (to be used for future simual report notification) For further information concerning this matter, please call: A & L CARRIER SERVICES INC Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Taliahassee, FL 32301

2010 AUG 23 PH V. 21

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P07000113856 (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: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word "cartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address; if applicable: (Principal office address; If applicable: (Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33018 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida sivest oddress) Florida (City) (City) Florida (City Code)	01	1	
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address of each Officer (Attach additional sheet Please note the officer/a P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note	r and/or) s, if neces lirector til e Presiden e Chief er, Direct d in the fe	Director I sary) ile by the j it; T= Tre Financia for would ollowing i corporatie	being added: first letter of the office tasurer: S= Secretary, I Officer. If an officer be PTD. nanner. Currently Jol on, Sally Smith is nam	title: D= Director: TR= Idirector holds mor	er/director being removed and tiste, name, and Trustee; C = Chairman or Clerk; CEO = Chies e than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,	<i>f</i>
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_X Add	<u>sv</u>	Sally S	<u>mith</u>			
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date this document was signed	08/23/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	eni
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The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DotedSignature(I	By a director, president or other – if directors or officers have not been elected, by an incorporator if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary	
	LISANDRA GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>