

Division of Corporations

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PO8000007108
(H140000407563)

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
M-GREEN TRANSPORTATION INC.**

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C. LEWIS
FEB 20 2014
EXAMINER

(H140000407563)

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Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

M-GREEN TRANSPORTATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000007108

(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:

LORENZILLO TRANSPORTATION, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

Florida

(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

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 02/19/2014 (date of adoption is required)
Effective date if applicable: 02/19/2014 (no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

[X] 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____" (voting group)

[] The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

[] The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/19/2014

Signature [Handwritten 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 court appointed fiduciary by that fiduciary)

LORENZO SANTIAGO (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

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