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(((H15000131723 3)))



H150001317233ABCX

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| To:          |   |              |
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|              | Division of Corporations                          |              |
|              | Fax Number : (850)617-6380                        |              |
| C Erom:      |   | آ            |
| 1 /          | Account Name : SPIEGEL & UTRERA, P.A.             |              |
|              | Account Number : PCA000000001                     | يب           |
| 5            | Phone : (305)854-6000                             |              |
| 2 <u>-</u> 4 | Fax Number : (305)860-2076                        | 1            |
| ***          |   | 2            |
| **Enter the  | email address for this business entity to be used | for future 3 |
| annual       | report mailings. Enter only one email address ple | ase.**       |
|              |   |              |

# COR AMND/RESTATE/CORRECT OR O/D RESIGN DROOMPAC FREIGHT EXPRESS, INC.

| Certificate of Status | 0       |
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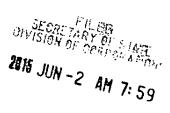
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Help

## H150001317233

#### Articles of Amendment to Articles of Incorporation



| DROOMPAC FREIGHT EXPRESS, INC.  |  |                               |
|---|--|-------------------------------|
| (Name of Corporation  | n as currently filed with the Florida Dept. of State)  |                               |
| P08000081075  |  |                               |
| (Досште   | ent Number of Corporation (if known)   |                               |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:  | Statutes, this Florida Profit Corporation adopts the following   | ing amendment(                |
| A. If amending name, enter the new name of the cor  | poration:  |                               |
| N/A   |  | The new                       |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a  | ! "corporation," "company," or "incorporated" or the " " "Inc," or "Co". A professional corporation name must  abbreviation "P.A." | abbreviation<br>t contain the |
| D. Entry war anti-class office address if applicables   | N/A  |                               |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET A | RESS)  |                               |
|   |  |                               |
|   |  | <del></del>                   |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX   | N/A  |                               |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered o   | ed office address in Florida, enter the name of the office address:  |                               |
| Name of New Registered Agent  |  | <del></del>                   |
|   |  | _                             |
|   | (Florida street address)   |                               |
| New Registered Office Address:  | , Florida  |                               |
|   | (City) (Zip  | p Code)                       |
| •   |  | 7 Code)                       |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I  | stered agent;<br>am familiar with and accept the obligations of the position   | <u>.</u>                      |
|   | · · · · · · · · · · · · · · · · · · ·  |                               |
|   |  |                               |
|   |  |                               |
| Cimai   | time of New Parristered Ament 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 sheats, 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 Mika 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                      | PT Job               | 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<br>(Check One) | Title                | Name              | Address                  |
| 1) X Change                   | T                    | DIXON ALEXANDRE   | 2331 N. State Rd. 7 #221 |
| Add                           |                      |                   | Lauderhill, FL 33313     |
| Remove                        |                      |                   |                          |
| 2) X Change                   | <u>s</u>             | PIERRE BATRAVILLE | 5467 North West 72 Ave.  |
| Add .                         |                      |                   | Miami, FL 33166          |
| Remove                        |                      |                   |                          |
| 3) X Change                   | PD                   | JESSIE L. NICOLAS | 5467 North West 72 Avc.  |
| Add                           |                      |                   | Miami, FL 33166          |
| Remove                        |                      |                   |                          |
| 4) Change                     |                      |                   |                          |
| Add                           |                      |                   |                          |
| Remove                        |                      |                   |                          |
| 5) Change                     | ·                    |                   |                          |
| Add                           |                      |                   |                          |
| Remove                        |                      |                   |                          |
| 6) Change                     |                      |                   |                          |
| Add                           |                      |                   |                          |
| Remove                        |                      |                   |                          |

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| E. If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)                                       | <u>re</u> :  |
|--|--|
| N/A  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
| F. If an amendment provides for an exchange, reclassification, of provisions for implementing the amendment if not contained (If not applicable, indicate N/A) | cancellation of issued shares. in the amendment thelf: |
| N/A  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| 15000131723 3 The date of each amendment(s) ad                           | N/A   | if other than the                               |
|--|---|---|
| date this document was signed.   | vpuoi.  |   |
| N/A Effective date if applicable:  | ·   |   |
|  | (no more than 90 days after amendme   | nt file date)                                   |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing repartment of State's records.                         | equirements, this date will not be listed as ti |
| Adoption of Amendment(s)   | (CHECK ONE)   |   |
| The amendment(s) was/were ado<br>by the shareholders was/were su         | pted by the shareholders. The number of votes east ficient for approval.                                  | for the amendment(s)                            |
| ☐ The amendment(s) was/were app<br>must be separately provided for       | roved by the shareholders through voting groups. I each voting group entitled to vote separately on the   | he following statement amendment(s):            |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approv   | ral .   |
| ъу   | (voting group)  | "   |
|  | (voting group)  |   |
| action was not required.   | pted by the board of directors without shareholder a pted by the incorporators without shareholder action |   |
| action was not required,   | , ,   |   |
| Dated  | 6/2/2015  |   |
|  | 2 Micha   |   |
| Signature (By a di   | rector, president or other officer - if directors or off  | icers have not been                             |
|  | , by an incorporator – if in the hands of a receiver,   |   |
| appoint  | ed fiduciary by that fiduciary)   |   |
|  | JESSIE L. NICOLAS   |   |
|  | (Typed or printed name of person signing  | g)  |
|  | PRESIDENT   |   |
| •  | . (Title of person signing)   | · · · · · · · · · · · · · · · · · · ·           |