P08000103074

(Red	questor's Name)	.
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PAMA TRA	NSPORT INC		
DOCUMENT NUM	BER: P0800010307	4		
	of Amendment and fee are sul			
Please return all corre	spondence concerning this mat	ter to the following:		
	Pablo Rigual			
		Name of Contact Persor	1	
	Pama Transport I	nc		
		Firm/ Company	*	
	11235 SATE	LLITE BLVD		
		Address		
	Orlando, Fl 32837	7		
		City/ State and Zip Code	P	
		Ony, State and Zip eva.	•	
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
Doblo Diavo	t	407	500 2456	
Pablo Rigua		at (509 2456	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pama Transport Inc			
(Name of Corporation as currently file	d with the Flo	rida Dept. of State)	•
P08000103074			<u>-</u>
(Document Number of C	orporation (if k	(nown)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>FI</i>	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	ooration:	MB	
	•		_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co	o". A professional corporation name must o	bbreviation contain the
B. Enter new principal office address, if applicable:		11235 SATELLITE BLVD	
(Principal office address MUST BE A STREET ADDR	(ESS)	Orlando, Fl 32837	· -
			_
C. Enter new mailing address, if applicable:		11235 SATELLITE BLVD	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		-
		Orlando, Fl 32837	-
			_
D. If amending the registered agent and/or registered	d office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered of			
Name of New Registered Agent \	A		
	(Florida stree	t address)	
New Registered Office Address:		, Florida(Zip Code)	-
	(City)	(Inp Code)	
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. I	am jamiliar wi NA	th and accept the obligations of the position.	
, Signature of New	Registered Ag	ent, if changing	
,	0		
			unwn77 ∀ ₹

SS:SIM9 6- SUA EIOS

Page 1 of 4

HITED

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)

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 Mike 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.

Example: X Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VPO	MARCO CARRION	1427 Wood Violet Dr
Add			Orlando, FI 32824
X Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change .			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	17/h
·		
		
 .		
<u>.</u>		
an amendment provides for an exch	nange, reclassificati	on, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	nament 11 not cont	N/A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
·		

	, if other than the
date this document was signed. Effective date if applicable: June 1st 2013	
(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(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	
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 August 3rd 2013	
Dated August 3rd 2013 Signature	<u>. </u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Pablo Rigual	
(Typed or printed name of person signing)	_
Director	
(Title of person signing)	