# PD9000011086

	_
(Requestor's Name)	
(Addrosa)	_
(Address)	
(Address)	_
(Audiess)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
	_,
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10 FEB 10 AM 1: 35

Amend CUS (a) 10/10

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	TRANS-	ENVI	OS CA	ARGO E	XPRE	SS, INC.
DOCUMENT NUMBER:							
The enclosed Artic	cles of Amendmen	t and fee are s	ubmitte	ed for fi	ling.		
Please return all co	orrespondence con	cerning this m	atter to	the foll	lowing:		
		LUZ MAF					
		Name	of Conta	act Perso	n		
	ACCOU	NTING & INC	OME	TAX S	ERVICE	S CORF	o <u>,                                      </u>
		F	irm/ Con	npany			
		5532	SW 16	4 PLAC	CE		
			Addre	ss	, •		
		City/	State and	Zip Cod	le		
		MIAMI,	FL 33	185			
	E-mail addres	ss: (to be used for	r future a	ınnual rej	ort notifica	ation)	· · · · · · · · · · · · · · · · · · ·
For further inform	ation concerning t	his matter, ple	ase call	:			
H	HECTOR NIVIA		at (	786	)	294	-8607
Name	of Contact Person		\_	Area Co	ode & Dayt	ime Telepl	none Number
Enclosed is a chec	k for the following	g amount made	e payab	le to the	e Florida	Departm	ent of State:
□ \$35 Filing Fee	✓ \$43.75 Filing Certificate of		Cer	.75 Filing tified Co ditional c			\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A				t Addr			
Amendment Section			Amendment Section				
Division of Corporations			Division of Corporations				
P.O. Box 6			Clifton Building 2661 Executive Center Circle				
Tallahassee FL 32314			/nn l	Execut	ive clente	r Circle	

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation of

<u>1e Florida Dept. o</u>	f State)
	<u></u>
on (if known)	
s, this <i>Florida Pr</i>	ofit Corporation adopts the
<u>:</u>	
rp, " "Inc, " or "C	The now," or "incorporated" or one of the now," or "incorporated" or one of the now, and the now
5341 NW 79 A	VENUE
address in Florida ress:	enter the name of the
da street address)	
	, Florida (Zip Code)
	n: oration," "compar orp," "Inc," or "Co tion," or the abbre 5341 NW 79 A DORAL, FL 33

## 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>	Address	Type of Action
			☐ Add ☐ Remove
	ending or adding additional Articles, and additional sheets, if necessary). (But additional sheets, if necessary).		
prov	amendment provides for an exchanisions for implementing the amendmif not applicable, indicate N/A)		

The date of each amendment	(s) adoption: FEBRUARY 6, 2010
Effective data if applicables	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
_	re adopted by the board of directors without shareholder action and shareholder
action was not required.  Dated FEB  Signature X  (By sels	RUARY 6, 2010  addirector, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	HECTOR NIVIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)