### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FLORIDA TRUST INSURANCE INC.

Account Number : I20070000133 : (305)883-8488 Phone

: (305)883-8693 Fax Number

AMND/RESTATE/CORRECT OR O/D RESIGN

**#1 USA TRANSPORT CORP** 

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Corporate Filing Menu

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: #-1 USA	Transport Co	orp
DOCUMENT NUMBER: P090003041			
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:	
	hemaldo Lop (Name of C	ez Palomino ontact Person)	
	(Firm/ C	Company)	<del></del>
_2	nn 5. Ever	green Cir	<u></u>
<u>B</u> )	yton. Beach (City/ State)	and Zip Code)	<del></del>
		or future annual report nonfication	on)
For further information	concerning this matter, please of	all:	•
mr. Palo	mino	at (305) CIGIT- (Area Code & Daytime	2900
(Name of	Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for t	he following amount made pay:	able to the Florida Department of	State:
	□ \$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)
<u>Mailing</u> Amendm	Address ent Section	Street Address Amendment Section	_ · · · · · · · · · · · · · · · · · · ·

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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position.

# F((H090001188993)))

Articles of Amendment
to
Articles of Incorporation
of

#1 USA Transport Curp

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

P09050031741

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

3. <u>Enter</u> ne	ew principal office address, if application	cable:	972 E	25 st
	ffice address <u>MUST BE A STREET</u>		Hialean,	
	ew mailing address, if applicable: address <u>MAY BE A POST OFFIC</u>		and E a Highean f	
	ding the registered agent and/or registered agent and/or the new registered of New Registered Agent:			enter the name of
<u>Nam</u>				
	Registered Office Address:	(Florid	da street address)	

Signature of New Registered Agent, if changing .

Page 1 of 3

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

### (((HO9000118899 3)))

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>	Name	Address	Type of Action
<u>s</u>	Luis Reyes Tamayo	2005 WOKerchubell # 5 Hialpan FC 33010	Add Remove
			☐ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
(artach addir	g or adding additional Articles, enter c	<del>2)</del>	
Pleax	- add Fein	26-4623860	)
			·
		7	
		_	
	•	<del></del>	,,,,,

The date of each amendment	(s) adoption: 5/11/09
Effective date if applicable:	5/11/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Signature (By have	the chairman or vice chairman of the board, president or other officer-if directors a not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)

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