## P090000 51317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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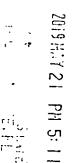
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## COVER LETTER .

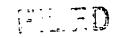
TO: Amendment Section Division of Corporations

WAND OF CORPORATION TO AME	ANKERRI TRANSPORT INC				
document number:P0900	00.5131千				
The enclosed Articles of Amendment and fee a	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
	Name of Contact Person				
DAMIANKER	PRI TRANSPORT INC Finn/ Company				
170 HEATHE	RWEDD DRIVE Address				
ROYAL PA	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter,	please call:				
Damian Bryson  Name of Contact Person	at ( 561 ) 628 5348  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount n	ade payable to the Florida Department of State:				
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation



DAMIANKERRI TRANSPORT I	رد 2019 HAY 21 PM 5: 11
(Name of Corporation as currently filed v	with the Florida Dept. of State)
P09000051317	The Section of the Se
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A 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 F new registered agent and/or the new registered office address:	
Name of New Registered Agent here; An	n Uter-Bryson
5087 Willow F (Florida street addre	n Uter-Bryson Pond Road
New Registered Office Address: West Palm Beach	L, Florida 33417 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and  Signature of New Registere	

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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>VP</u>	Herri Ann leter	5087 Willow Pond Rona
Add			West Palm Beach,
X Remove			FL 33417
2) Change			
Add			
Remove			*****
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			
Remove			

			Articles, enter char y). (Be specific)		<u>re</u> :				
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. <u>If an amei</u>	ndment pro	vides for an e	xchange, reclassi	ification, o	r cancella	tion of	issued shar	es,	
		menting the a r. indicate N/A	imendment if not	contained	in the am	<u>iendme</u> i	nt itself:		
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The date of each amendment(s) adoption: _ date this document was signed.	July 1, 2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendar approval.	dment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting groups. The following ng group entitled to vote separately on the amendment(	statement (s):
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and shareho	lder
Dated 5 15	19	
Signature	B	<del> </del>
selected, by an in-	esident or other officer — if directors or officers have no accorporator — if in the hands of a receiver, trustee, or oth try by that fiduciary)	
<u> </u>	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>