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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

C. LEWIS AUG 2 O 20:3 EXAMBIER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	$\frac{100}{100}$:Not) Transf	brt IDC		
DOCUMENT NUMBER	: <u> 11000</u>	200074	41		
The enclosed Articles of A	mendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Kather	Name of Contact Person	·		
二	-ransport	Ation Per	mit Br		
7883 DW. 17154.					
	Hialeat	Address City/ State and Zip Code	33015		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
- Kathy Name of C	ontact Person	at (<u>186</u> Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
24 171		~			

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 of

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ent(s) to

OUD TRAINSTUR	TILUC.			
(Name of Corporation as currently filed with the I	Florida Dept. of State) SECRETARY OF STAT TALLAHASSEE, FLOR			
PIDOGOGO 7 241	IALLAHMUSEE, FEOR			
(Document Number of Corporation (if known)			
•	,			
Pursuant to the provisions of section 607.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendm			
its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
-				
	The nex			
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or				
word "chartered," "professional association," or the abbreviation				
·				
B. Enter new principal office address, if applicable:	16515 N.W. 90 Ave			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Higherh Gardons.			
	<u>+L 330(8)</u>			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	SAme			
	-			
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the			
new registered agent and/or the new registered office addres	- , A , -			
	No Alonso Guzman.			
16515 NW 90 Aue (Florida street address)				
(Florida st	(reet address)			
New Registered Office Address: Halale	Ardows Florida 33018			
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accent the obligations of the position			
Thereby accept the appointment as registered agent. I am juminar	wan and accept the obligations of the position.			
(a) Yesf le				
Signature of New Registered Agent, if changing				

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P		6321 NW 198 terr
Add			Hialean FL 33015
Remove			
2) Change	₽_	•	16515 N.W 90 Ave History Gardens
Remove			FL 33018
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption: _ date this document was signed.	<u> </u>	, if other than the
date ting document was signed.	2/11/2	13 AUG 16 PM 4: 50
Effective date if applicable:	8114 113	SECRETARY OF STATE
•	(no more than 90 days after amend	meniyal takhassee. Florida
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ast for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin		
"The number of votes cast for the am	endment(s) was/were sufficient for app	roval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by	oting group)	
The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder act	tion and shareholder
Dated 8 14)	7	
Signature (2)		
(By a/director/pr	esident or other officer - if directors or	
	corporator – if in the hands of a receive	er, trustee, or other court
appointed fiducia	ary by that fiduciary)	\wedge
_Lu	is Alberto Alon	50 (gozman
	(Typed or printed name of per	son signing)
	President	
•	(Title of person signing	g)