# P1000009695

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



800238194208

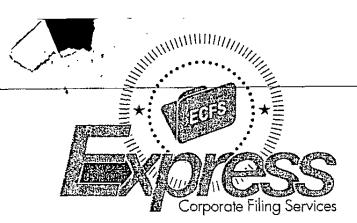
08/14/12--01013--007 \*\*70.00

SECRETARY OF STATE

7 T L T D :: 05

DEPARTMENT OF STAT

AUG 14 2012
THEMIEUX



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

OFFICE USE ONLY

Examiner's Initials

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_\_\_\_\_ Certified Copy Photocopy ☐ Will wait Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Fictitious Name

Name Reservation

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

## F TRANSPORT, INC

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

### P10000009695

ent(s) to

(Document Numbe	r of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this F	lorida Profit Corp	oration adopts the	following amen
A. If amending name, enter the new name of th	e corporation:			
				The
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	orp," "Inc," or "C	o". A profession		or the abbrevia
. Enter new principal office address, if applica	able:			
Principal office address <u>MUST BE A STREET A</u>				
		<u> </u>		
. F				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
			. =	
. If amending the registered agent and/or regi	stand office addre	an in Florido ant	h£.h.	
new registered agent and/or the new register		ss in Fiorida, ente	er the name of the	
N (N D : 14				
Name of New Registered Agent				
	(Florida stre	et address)		
New Registered Office Address:			_, Florida	
	(City)		(Zip	Code)
	•			
ew Registered Agent's Signature, if changing hereby accept the appointment as registered agen		ish and account the	ablimations of Fd	
nereby accept the appointment as registered agei	u. Lum jamutar w	ап ина иссері іне (	onganons of t <b>he</b>	
***				
Signature o	f New Registered A	ent, if changing	· "J_T	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)

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	RAFAEL BARRIO	11712 SW 143 AVE
Add			MIAMI FL 33186
X Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	- · <del>-</del> · · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

 $\tau_{s}^{+} = -\frac{1}{s}$ 

The date of each amenda	nent(s) adoption: AUGUST 09, 2012
Effective date if applicab	
Directive date <u>it appress</u>	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) (CHECK ONE)
	/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	/were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	votes cast for the amendment(s) was/were sufficient for approval
by	.,,
~J <u></u>	(voting group)
The amendment(s) was action was not required	/were adopted by the board of directors without shareholder action and shareholder .
☐ The amendment(s) was	/were adopted by the incorporators without shareholder action and shareholder
action was not required	$\left( \left( \left$
Dated	8/9/10
Signatur	e White
S.g.uuu.	(By director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	FELIX P MARTINEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)