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SCENETARY OF STATE



T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GREEN ZONE HIG	GHWAY INC
DOCUMENT NUMBER: P10000015546	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mate	ter to the following:
CARLOS RICO	
	Name of Contact Person
	Firm/ Company
1548 W 37 ST	
-	Address
HIALEAH FL 33012	
	City/ State and Zip Code
.JFERNANDEZ@AISRV.COM	
E-mail address: (to be use	ed for future annual report notification)
	j .
For further information concerning this matter, please	e call:
CARLOS RICO	at (239) 243-5371
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	nayable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GREEN ZONE HIGHWAY INC

——————————————————————————————————————				
(Name of Corr	poration as currently file	d with the Florida Dept. of	<u>î State</u>)	
	Daniel Market & Com	- mation (ishurana)		——————————————————————————————————————
(1	Document Number of Cor	oration (if known)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Flori</i>	da Profit Corporation adop	ts 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 "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co".	A professional corporatio		
B. Enter new principal office address, if appl	icable:			
(Principal office address MUST BE A STREET				
			L - -	
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	CE BOX)	· · · · · · · · · · · · · · · · · · ·		
		· · · ·		
D. If amending the registered agent and/or re	egistered office address i	n Florida, enter the name o	of the	
new registered agent and/or the new regis	tered office address:			
Name of New Registered Agent				
	(Florida street aa	dress)		
		n		
New Registered Office Address:	(Citv)		orida(Zip Co	ode)
	(5)		\- <u>1</u>	
New Registered Agent's Signature, if changin	g Registered Agent:		#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
I hereby accept the appointment as registered as	gent. I am familiar with a	nd accept the obligations of	the positions	
			14	
			JUN 2	Risistan Pronuncia
	Signature of New Regist	ered Agent, if changing	1/10 8	l e
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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 Doc	
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>	<u>Addres</u> s
1) Change	VP	DAVID E WILSON	6510 WESTWOOD ACRES
Add			FT MYERS FL 33905
XX Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change		_	
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>f an amendment p</u> provisions for imp	rovides for an exc elementing the am	hange, reclassific	ation, or cane	ellation of issued	<u>l shares,</u> lf·	
(if not applica	ble, indicate N/A)		municu m tiic		<u></u>	
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The date of each amendment(s) ad	option:	4/11	1/16	, if other th	an the
date this document was signed.					
Effective date <u>if applicable</u> :			_		
	(no more	than 90 days a _j	ter amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep			utory filing requiremen	ts, this date will not be listed	as the
Adoption of Amendment(s)	(CHECK ONE	E)			
☐ The amendment(s) was/were ado by the shareholders was/were sul		rs. The number	of votes cast for the am	endment(s)	
☐ The amendment(s) was/were app must be separately provided for					
"The number of votes east t	for the amendment(s) w	was/were suffici	ent for approval		
by	(voting group)				
	(voting group)				
☐ The amendment(s) was/were ado action was not required.	pted by the board of di	irectors without	shareholder action and s	hareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporate	ors without share	cholder action and share	holder	
Dated	Inlie				
Signature	Kulos	Kores			
(By a di			irectors or officers have		
	 by an incorporator – ed fiduciary by that fid 		of a receiver, trustee, or	other court	
арроши		•	O		
	CA	P2/US	Kuo_		
•	(Typed or p	orinted name of	person signing)		
		VP			
		(Title of persor	signing)		