(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	ı
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COVER LETTER

TO: Amendment Section

Division of Corporation	ns		
NAME OF CORPORATION		N Transport	Inc
The enclosed Articles of Am			
Please return all corresponde		_	
	J&U 8329 N Orlando,	Name of Contact Person Source Address FL 32827 City/ State and Zip Code Sport FL 297 Sed for future annual report	Inc d. apt. \$104
For further information conc	erning this matter, pleas	se call:	
Jonuel Ru	jera	at (321	900-6218 de & Daytime Telephone Number
Name of Con		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	1\$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 A</u> Amendme			Address ment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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Articles of	Amendment Specific Control of the Co
· · · · · · · · · · · · · · · · · · ·	ncorporation
	incorporation
TdW Transport In	c. 2
(Name of Corporation as currently filed with the	
P10000023431	50
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida 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 "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	8329 Novconser Id ant 5104
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8329 Narcoosee rd. apt. 5104 Orlando, FL 32827
	Ortanied/16 32 001
C. Enter new mailing address, if applicable:	8329 Marcoasee vd act. 510
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	8329 Narcoosee rd apt. 510 Orlando, FL 32827
	Ullando, FL 32821
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
New Registered Office Address: Ollando, F	coosee 1d. apt. 5104
(Florida s	street address)
New Registered Office Address: Ollando, F	lorida Florida 32827
Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>
hereby accept the appointment as registered agent. I am familia	
Signature of New Registered	d 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	PT Joh	nn Doe	
X Remove	<u>v</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	TS	Wonda W. Rivera	2942 Vigilante ave. mas Lemoore, CA 93245
Add			Lemoore, CA 93245
Remove			
2) Change			
Add			
Remove			
3) L Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
 1			The state of the s
Remove			

muach <i>add</i>	litional sheel	g additional Art ts, if necessary).	(Be specific)				
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 			normale*M*	- <u> </u>		***************************************	
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provision	s for impler	vides for an exc menting the ame	nange, reciassii endment if not	contained in th	icenation o <u>r iss</u> ie amendment i	itself:	
(if no	t applicable	, indicate N/A)					
							
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-13-13 Signature Journal Pul	
(By a 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)	
Jonuel Rivera	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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