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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.

Account Number : I20110000033 Phone : (786)360-2879 Fax Number : (786)362-5270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO @ OL CAPTIENSONICES. (OW

COR AMND/RESTATE/CORRECT OR O/D RESIGN AXE TRANSPORTATION INC

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S. TALLENT MAY 15 2017

COVER LETTER

TO: Amendment Section Division of Corpor			
NAME OF CORPOR	ATION: AXE TRANSPOR	RTATION INC	
DOCUMENT NUMBI			
	f Amendment and fee are so	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
I	EVELIO J PEREZ	•	
~		Name of Contact Person	1
	XE TRANSPORTATION	INC	
-		Firm/ Company	
6	7 FLORIDA BLVD	- •	
-	~	Address	
h	MIAMI FL 33144	# 1001 00D	
į		City/ State and Zip Cod	
		City/ State and Zip Coo	•
INFO	ALCARRIERSERVICES.	COM	/
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se cail:	
A&L CARRIER SERV	TCES INC	at (⁷⁸⁶	360-2879
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for a	the following amount mede	payable to the Florida Depa	rtment 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)
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

(Name of Corporation as curren	tly filed with the Florida Dept. of S	ita <u>te</u>)
P10000034949		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi	s <i>Florida Profu Corporation</i> adopts	the following amendment(s) to
A. If smending name, enter the new name of the corporation:		<i>T</i> 1.
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	
B. Enter new principal office address, if applicable:	10941 SW 42 ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33165	三 三
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10941 SW 42 ST	X 12
	MIAM(FL 33165	
D. If amending the registered agent and/or registered office ad-	lress in Florids, enter the name of (—
new registered agent and/or the new registered office address	·	
new registered agent and/or the new registered office address Name of New Registered Agent		
new registered agent and/or the new registered office address Name of New Registered Agent	veel Addrace)	
new registered agent and/or the new registered office address Name of New Registered Agent	reel address)	

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)

Example:

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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith. SV as an Add.

A_Change	P.L.	John Doe	•
X Remove	<u>¥</u>	Mike Jones	
X Add	<u>v2</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	EVELIO I PEREZ	10941 SW 42 ST
Add			MIAMI FL 33165
Remove			
2) X Change	VP	MARISOL GARCIA	10941 SW 42 ST
Add			MIAMI FL 33165
Remove			
3) Change		·	
Add			
Remove			<u></u>
4) Change		_	•
Add			
Remove			
5) Change			
Add			
Remove			
A O			
6) Change	·		<u> </u>
Add			
Remove	•		

[<u>Amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	ere:		
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	<u> </u>			<u> </u>
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an amendment provides for an exchange of the amen (if not applicable, indicate N/A)	inge, reclassification, o	or cancellation of Issu I in the amendment it	ed shares, self;	
				 -
	· ···			
				_

	05-12-2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	Z 10 0017	
Effective date if applicable:	5-12-2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ml(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	st for the amondment(s) was/were sufficient for approval	
by		
, <u> </u>	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05-12-20	017	
Dated		
5	2 1 01	
Signature		
, <u>.</u>	director, president or other officer - if directors or officers have not be	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other c inted fiduciary by that fiduciary)	ОПС
	· ·	
,	EVELIO J PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	