P10000056945

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6380

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Account Name : KV CARRIER SERVICE INC.
Account Number : I20080000029
Phone : (305)883-6262
Fax Number : (305)883-6605

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LCH TRANSPORT CORP.

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8/10/10

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LCH TRANSPORT CORP

DOCUMENT NUMBER: P100000569 5

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLGA MORGADO
Name of Contact Person

KV CARRIER SERVICES INC
Firm/ Company

11790 NW SOUTH RIVER DR
Address

MEDLEY, FLORIDA 33178
City/ State and Zip Code

KVCARRIERSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA MORGADO at (305) 883-6262
Name of Contact Person / Area Code & 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)

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

2010 AUG -9

Articles of Amendment
to
Articles of Incorporation
of

LCH TRANSPORT CORP

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

P10000056945

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_______________ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:** 829 SW 158 TERRACE
(Principal office address MUST BE A STREET ADDRESS)
PEMBROKE PINES
FLORIDA, 33027

C. **Enter new mailing address, if applicable:** 829 SW 158 TERRACE
(Mailing address MAY BE A POST OFFICE BOX)
PEMBROKE PINES, FLORIDA 33027

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: RIVAS, AILIE E

New Registered Office Address: 829 SW 158 TERRACE
(Florida street address)

PEMBROKE PINES, Florida 33027
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Title	Name	Address	Type of Action
P	OTALORA, MARTA LUCIA	4305 SW 112 AVE MIAMI FLORIDA 33165	☐ Add ☒ Remove
P	RIVAS, AILIE E	820 SW 159 LANE PEMBROKE PINES FLORIDA 33027	☒ Add ☐ Remove
			☐ Add ☐ Remove

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 08/04/2010
(date of adoption is required)

Effective date if applicable: 08/04/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ 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 08/04/2010

Signature ______________________________
(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)

MARTA LUCIA OTALORA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)