P10000071441

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL.	
(Bu	usiness Entity Nam	e)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



600272340996

05/04/15--01005---015 **35.00

2015 MAY -4 PM 2:47

MAY 08 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AFREM TRANSP	ORTATION INC			
DOCUMENT NUMBE	D10000071443				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
A	ANDRES RAMIREZ				
_	Name of Contact Person				
A	AFREM TRANSPORTATION INC				
	Firm/ Company				
3	54 INGLENOOK CIRCLE	Firms Company			
_		Address			
v	WINTER SPRINGS, FL 32708				
_	City/ State and Zip Code				
		•			
TAX.P	ROSOLUTIONS@HRBLO				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
1115555 5 1 1 USS		,	255 0660		
ANDRES RAMIREZ		at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

AFREM TRANSPORTATION INC

(Name of Corpo	oration as currently filed with the Florida Dept.	of State)
P10000071441		3 6 2
(De	ocument Number of Corporation (if known)	E CRE
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation ad	opts the following amendment(s
A. If amending name, enter the new name of the	he corporation:	PM 2: L
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corporat	rated" or the aboveviation tion name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new register		e of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		s 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)

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.

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)	Title	Name	Address
1) Change	P	FLOR MONTENEGRO	354 INGLENOOK CIRCLE
Add			WINTER SPRINGS, FL 32708
X Remove			
2) Change	VP	ANDRES RAMIREZ	354 INGLENOOK CIRCLE
Add			WINTER SPRINGS, FL 32708
X Remove			
3) Change	P	ANDRES RAMIREZ	354 INGLENOOK CIRCLE
X Add			WINTER SPRINGS, FL 32708
Remove			
4) Change			
Add			
Remove			
5) Change	****		
Add			
Remove			
6) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			

(At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
<u>If</u> :	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
p	rovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	PRIL 28, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	·	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	at
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	.
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
APRIL 2 Dated	8, 2015	
Signatur		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANDRES RAMIREZ	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	