P10000084800

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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Transunited			
DOCUMENT NUMB	ER: P1000008480	0		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Oleg Cheine			
-		Name of Contact Person		
	First Class Van Li			
-	T IISt Olass vall El			
	400E0 NIM O A	Firm/ Company		
-	18350 NW 2 Ave,			
		Address		
_	N Miami, Florida	33169		
		City/ State and Zip Code	;	
oled	gtransunited@gm	ail.com		
<u> </u>		ed for future annual report	notification)	
• .			_	
For further information	concerning this matter, pleas	e call:		
Oleg Cheine		at (954	, 589-7306	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	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		Street Address Amendment Section Division of Corporations Clifton Building		
Talla	ahassee, FL 32314		xecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation of



Transunited Logistics Inc

(Name of Corporation as	currently filed with the Flor	rida Dept. of State)	** ** **	71174
P10000084800				
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation a	adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
Federal Interstate Van Li	nes Inc.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design- word "chartered," "professional associal	ation "Corp," "Inc," or "Co	". A professional corpor	orated" or the ab	breviation
B. Enter new principal office address, (Principal office address MUST BE A ST				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	me of the	
Name of New Registered Agent	First Class Van Li	nes Inc		
Name of New Registered Agent	18350 NW 2 Ave	· · · · · · · · · · · · · · · · · · ·	_	
	(Florida street	-	_	
New Registered Office Address:	North Miami	, Florida	33169	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe Signature.	ered agent. I am familiar wit.	h and accept the offigatio	ns of the position. –	

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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>mith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change					
Add					
Remove					
2) Change					
Add		_			
Remove					
3') Change					
Add					
Remove					
4) Change					
Add	-	_		•	
Remove					
51 Changa					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Demove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
-	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical not contained in the amendment risen.

THE ART OF THE COPY CONTROL OF THE PROPERTY OF

The date of each amendment(s) a	adoption: 07/15/2012
Effective date if applicable:	7/15/2012
Effective date trappicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	at for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	topical by the incorporators without shareholder action and shareholder
Dated_07/15	5/2012
Signature	
(By a	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Vladimir Masnev
	(Typed or printed name of person signing)
	President
	(Title of person signing)