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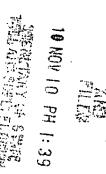
(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: NORTH WA	Y TRANSPORT, INC	
Na	me of Corporation	
DOCUMENT NUMBER: P100	00089352	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
GABRIEL ROCHA Name of Contact Person	·	
Name of Contact Person		
MIAMI DISPATCH AND CARRIER S	SERVICES	
Firm/Company		
2150 WEST 76 TH ST SUITE	114	
Address		
HIALEAH, FL 33016		
HIALEAH, FL 33016 City/State and Zip Code		
MIAMIDISPATCH@GMAIL.	СОМ	
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this mat	ter, please call:	
GABRIEL ROCHA	at (305) 822-0255	
Name of Contact Person	Area Code & Daytime Telephone Number	
or with shigh plant to the co		
Enclosed is a check for the following amou	nt:	
	☐ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tarianassec I E SESTT	Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

NORTH WAY TRANSPORT, INC.

Name of Corporation	as currently filed with the Florida Dept of State
_	
P	210000089352 Decument Number (if known)
these Articles of Correction within 30 day	0124 or 617.0124. Florida Statutes, this corporation files as of the file date of the document being corrected.
These articles of correction correct	CHANGE NAME (Document Type Being Corrected)
filed with the Department of State on	
Specify the inaccuracy, incorrect statemer	nt, or defect:
WORTH WAY TRANSPORT, INC	
Correct the inaccuracy, incorrect statemen	nt, or defect:
NORTH WAY TRANSPORT, INC	
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
(Signature of a director, pr	resident or other efficer - if directors or officers have neorporator - if in the hands of the receiver, trustee, or never, by that (iduciary)
FRANCISCO PENA	PRESIDENT

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00