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MAY 17 2013 T. LEWIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: USA POAD SEIVICE OF MIGMI
DOCUMENT NUMBER:P100000 94153
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Duniesky Liviand Name of Contact Person
USA ROAD Service of Mami Firm/Company
15210 NW 32nd PIGCE
Miami Gardens, FL 33054 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Duniciky Liviano at (776) 624-7101 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 Certificate of Status Certified Copy (Additional Copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

to

11510 10°	10 C M: 7	
- USH Road Servi	Ce CA Milami I	-D
(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
P10 000 074aS	3	
(Document Number of Corpora	flion (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendn	nent(s)
A. If amending name, enter the new name of the corporation:		
	The ne	
name must be distinguishable and contain the word "corporation," "con "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address:	orida, enter the name of the	
Name of New Registered Agent		
		
(Florida street addres	(8)	
New Registered Office Address:	, Florida	
(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 a	ASSEE P	
Signature of New Registered		
	<u></u>	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Alejandio Heinandez	
_ \ldot Add			Ct Apt 202 Hialeah
Remove			FL 33017
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
			*.**
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If an amendment provides for an exch	ange reclassification or co	ncollation of issued share	ae.
provisions for implementing the ame	adment if not contained in t	he amendment itself:	5.04
(if not applicable, indicate N/A)			
, , , , , , , , , , , , , , , , , , , 			

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature 1 Sayles / 1212	.
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co- appointed fiduciary by that fiduciary)	ourt
appointed inducting by that inductary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	**

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