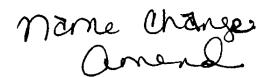
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MOCLOS Transpor P10000102532 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Permit Department The Simplex Group 5800 NW 74 Aue Address Mami FC 33166 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 599-9287

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$52.50 Filing Fee ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Moreras transport Incall JAN 31 AM 11:21 (Name of Corporation as currently filed with the Florida Dept. of STATE TALLAHASSEE.FLORIDA P100 00102532 (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: TRANSPORT 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: (Principal office address MUST BE A STREET ADDRESS) 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street 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 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 .	<u>Name</u>	Address	Type of Action
-	<u></u>		Add Remove
			Add Remove
			Add Remove
	g or adding additional Articles, enter tional sheets, if necessary). (Be spec		
provisions	ndment provides for an exchange, red for implementing the amendment if applicable, indicate N/A)	classification, or cancellation of iss not contained in the amendment i	ued shares. tself:

The date of each amendment(s	adoption:	1	27	11	
Effective date if applicable:	(date of a	doption is	reguired))	
	(no more than 90 days after	amendme	ent file dat	e)	
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/were		s. The nu	ımber of v	otes cast for	the amendment(s)
The amendment(s) was/were must be separately provided					
"The number of votes ca	ast for the amendment(s) wa	s/were su	fficient fo	r approval	
by	voting group)		"		
(1	voting group)				
The amendment(s) was/were action was not required.	adopted by the board of dir	ectors wi	thout share	eholder actio	n and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporator	s withou	sharehold	ier action and	d shareholder
Dated	11/27/11				
Signature					
søledi	difector, president or other ed, by an incorporator – if i need fiduciary by that fiduci	n the han			
	Robert	0 (lan	~ire=	ک ،
(Typed or printed name of person signing)					
	current	6	resi	dent	-
	(Title of person sign	ino)			