P11000010707

(Re	equestor's Name)	
(Ad	dress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations



NAME OF COR	RPORATION:S	IMPLEX DRIVER SERVICES CA, INC.	
DOCUMENT N	UMBER:	P11000010707	
The enclosed Arti	icles of Amendment and	ee are submitted for filing.	
Please return all c	orrespondence concernin	g this matter to the following:	
		Giselle Del Amo	
		Name of Contact Person	
		Infante Zumpano	
		Firm/ Company	
	500	S Dixie Highway, Suite 302	
		Address	
		Coral Gables, FL 33146	
		City/ State and Zip Code	
	giselle.ortizd E-mail address: (to b	elamo@infantezumpano.com used for future annual report notification)	
For further inform	ation concerning this ma	ter, please call:	
		at (305)5032992	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amou	nt made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SIMPLEX DRIVER SERVICES CA, 11vc.

(Name of Corporation as currently filed with the Florida Dept. of Stall) 10v-7

PH 2: 32

(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:

t "corporation," "compo ion "Corp," "Inc," or "C association," or the abb	any," or "incorporated" or the Co". A professional corporation
casocition, or the door	reviation "P.A."
ESS)	
	a, enter the name of the
ice address:	
N	
(Florida street address)	
	. Florida
(City)	(Zip Code)
	Loffice address in Floridfice address: (Florida street address)

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** ☐ Add _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	t(s) adoption: 7/19/2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	<u>."</u>
,	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7 20 2011
Signature _	1/otan / se
sche	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Rigoberto Dia Z (Typed or printed name of person signing)
	(Title of person signing)