P11000016412

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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JUL - 6 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FAMILY Ties TRANSPORT, INC.
DOCUMENT NUMBER: P110000 16412-
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis Napoles Name of Contact Person
Luis Napoles Name of Contact Person Family ties transport, INC - Firm/Company
6452 Royal Palm Beach, BL Address
West PAIN BEACH FL 33409 City/State and Zip Code
Family ties transporting a Yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis Nanoles at (561) 234-7032 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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12 JUL -	TARY OF STATE CORPORATIONS PM 4: 1:

Articles of In	corporation 12 JUL 3
Fam, ly Ties Transpor	1 Inc - 14:11
P110000 16412 (Document Number of Corporation (
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Family ties transport INC 6452 Royal Palm Brach, BL
	West Palm Brach FL 33411
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Family lies transport INC 6452 Royal Palm Beach, BL
	West Palm Beach, FL 33411
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>t. </u>
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)

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add Remove			
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 exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassific endment if not co	ation, or cancella entained in the an	ation of issued s nendment itself	<u>hares,</u> i
				
<u> </u>				
		·		

The date of each amer	ndment(s) adoption: Aune 27 the 2012
Effective date <u>if appli</u>	cable:
	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
The amendment(s) we by the shareholders	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number of	of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) vaction was not requi	was/were adopted by the board of directors without shareholder action and shareholder red.
☐ The amendment(s) vaction was not requi	was/were adopted by the incorporators without shareholder action and shareholder red.
Date	d_6/27/12
Signa	ature fuir Donole
•	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	"Precident"
	(Title of person signing)