P11000019227

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SECRETARY OF STATE DIVISION OF CORPORATIONS

Amund apull

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	YVLF TRANSPORTATION CORP
DOCUMENT NU	MBER:	P11000019227
The enclosed Artic	cles of Amendment and t	ee are submitted for filing.
Please return all co	orrespondence concernin	g this matter to the following:
		ALICIA K MUSA
		Name of Contact Person
	YVLF	TRANSPORTATION CORP
		Firm/ Company
	24	821A SOUTH DIXIE HWY
		Address
	ŀ	HOMESTEAD, FL 33032
		City/ State and Zip Code
	ALICIA@MUSA E-mail address: (to b	SACCOUNTINGSERVICES.COM e used for future annual report notification)
For further informa	ation concerning this ma	tter, please call:
	LICIA K MUSA	at (305) 433-7140
	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amou	nt made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Ac		Street Address
Amendment Section		Amendment Section
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
P.O. Box 6327 Tallahassee FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of YVLF TRANSPORTATION CORP



(Name of Corporation as currently filed with the Florida Dept. of State)

P11000019227

(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:

me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp." "Inc,	," or "Co". A professional corpor
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	<u></u>	
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	<u></u>	
If amending the registered agent and/or new registered agent and/or the new registered		Florida, enter the name of the
new registered agent and/or the new regi		r Florida, enter the name of the
		a Florida, enter the name of the
new registered agent and/or the new regi		
<u>Name of New Registered Agent:</u>	istered office address:	ddress)
<u>Name of New Registered Agent:</u>	istered office address:	
<u>Name of New Registered Agent:</u>	(City)	ddress) , Florida

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>VP</u>	FRANCISCO J SUAREZ	4250 NE 16 ST HOMESTEAD, FL 33033	☐ Add ☑ Remove
			
			Add Remove
(attach ad	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	ecific)	
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	• • • • • • • • • • • • • • • • • • • •
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_07/2	21/2011
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ALICIA K MUSA
	(Typed or printed name of person signing)
	Quefical
	(Title of person signing)