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(Ad	ldress)	******
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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12/21/11

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: I. COUZ Transportation Corp
DOCUMENT NUMBER: PI 1000 35110
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trva Cruz Name of Contact Person
I. Cruz Transportation Corp Firm/Company
1001 Florida Pkwy Address
Vissimmer, Ft 34743 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 (407) 282-5145 Area Code & Daytime Telephone Number 407-744-14182
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee. FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

reviction "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional emust contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: ncipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	The new
If amending name, enter the new name of the corporation: L. C(UZ T(anspect Corp.) Temperature and contain the word "corporation," "company," or "incorporate visition "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional emust contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	The new
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Enter new mailing address, if applicable:	
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If amending the registered agent and/or registered office address in Florida, enter the name of	e 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)	

The date of each amendment(s) ad	option: (P11)
Effective date if applicable:	(dute of adoption is required)
(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoption by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
The amendment(s) was/were appropriately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	
(votin	eg group)
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 6	Law Cz —
(By a direct selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
-	Time Chy (Typed or printed name of person cigning)
	(Typed or printed name of person signing)
	(Title of person signing)