

2011/AUG/22/AM 10:40
Division of Corporations

KV CARRIER INSURANCE

FAX No. 305-688-6575

P.001
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : KV CARRIER SERVICES, INC.
Account Number : I20080000029
Phone : (305) 883-6262
Fax Number : (305) 883-6605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 3:15

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11 AUG 22 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
M & E SOUTH FLORIDA TRANSPORT INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Amend
@ 8/22/11

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Corporate Filing Menu

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2011/AUG/22/MON 10:41

KV CARRIER INSURANCE

FAX No. 305-888-6575

P. 003

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LA E SOUTH FLORIDA TRANSPORT INC.

DOCUMENT NUMBER: P11000035312

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KVC Services LLC

Name of Contact Person

KVC Services LLC

Firm/ Company

11790 NW SOUTH RIVER DR

Address

MEDLEY, Florida 33178

City/ State and Zip Code

KVCARRIERSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KVC Services LLC

Name of Contact Person

at (305) 883-6262

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

August 22, 2011

M & E SOUTH FLORIDA TRANSPORT INC
5574 SW 3 ST
CORAL GABLES, FL 33134US

SUBJECT: M & E SOUTH FLORIDA TRANSPORT INC
REF: P11000035312

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to

nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000206957
Letter Number: 911A00019561

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS
7. LIST
ENTER SELECTION AND CR:

2011/AUG/22/MON 10:41

KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 004

Articles of Amendment
to
Articles of Incorporation
of

N & E SOUTH FLORIDA TRANSPORT INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P11000035312

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 3:15

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:

The new 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**)

3727 15th St W
Lehigh Acres Florida 33971

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3727 15th St W
Lehigh Acres Florida 33971

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:

Bene Valdes Fuentes

New Registered Office Address:

3727 15th St W

(Florida street address)

Lehigh Acres Florida 33971

(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.

X Bene Valdes Fuentes
Signature of New Registered Agent, if changing

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KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 005

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>EDDIE DE LA CRUZ</u>	<u>5574 SW 3 ST</u> <u>CORAL GABLES, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>RENE VALDES FUENTES</u>	<u>3727 15 TH ST W</u> <u>LEHIGH ACRES, FL 33971</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>JORGE FUENTE</u>	<u>16181 SW 138 TERRACE</u> <u>MIAMI, FL 33196</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> 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)

The date of each amendment(s) adoption: 08/18/2011

(date of adoption is required)

Effective date if applicable: 08/18/2011

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/18/2011

Signature _____

(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)

EDDIE DE LA CRUZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)