Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : A & L CARRIER SERVIÇES INC,

Account Number : I20110000033 Phone : (786)360-2879 Fax Number : (786)362-5270

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THYAWI

1/21/2012

COVER LETTER

| FO: Amendment Section Division of Corporations |
|---|
| DOCUMENT NUMBER: P-14000036-186 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| Guillenmina MARTINEZ |
| Name of Contact Person |
| 5600 W 14 CT |
| HIALEAH FL 33012 |
| City/ State and Zip Code |
| ALCSINCO AOL. COM |
| E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Builtenmina Mantinez = 305, 218-9629 |
| Name of Contact Person Area Code & Daytime Telephone Number |
| nclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee |
| is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |
| Tallahassee, FL 32301 |

· No. 2570 Jan. 21. 2012 12:31PM Articles of Amendment to Articles of Incorporation 11000036186 (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: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Guillermina HANTINEZ Name of New Registered Agent New Registered Office Address: 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.

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 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 | PT | <u>John Doe</u> | |
|----------------------------|-------------|----------------------------|----------------------------------|
| _ | | | |
| X Remove | Y | Mike Jones | |
| X Add | <u>\$Y</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1)Change Add Remove | P | <u>Collermina Martinez</u> | 5660 SW 14CT HIATERH FL 33012 |
| 2) Change Add Remove | | | |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | <u> </u> | | |

| If amending or adding additional An attach additional sheets, if necessary, | i). (Be specific) |
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| If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |
| | |
| | |
| | |
| <u> </u> | |
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| | |

| The date of each ame | ndment(s) adoption: $1-21-30/2$ |
|--|--|
| Effective date if appli | cable: 1-21-2012 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendm | ent(s) (CHECK ONE) |
| The amendment(s) 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 votes cast for the amendment(s) was/were sufficient for approval |
| by | . 19 |
| · | (vosing group) |
| action was not requi | |
| ☐ The amendment(s) vaction was not requi | was/were adopted by the incorporators without shareholder action and shareholder red. |
| Date | 1-21-2012 |
| Signa | sture Coullmin Martine |
| | (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) |
| | Coullermina MARTINEZ |
| | (Typed or printed name of person signing) |
| | Prisident |
| | (Title of person signing) |