## 11000056733

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: R & E CAR	RRIERS INC		
DOCUMENT NUM	<sub>BER:</sub> P1100005673	33		
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	atter to the following:		
	NELSON ALVAR	REZ		
	NA INCOMETAX	Name of Contact Person PROFESSION		
		Firm/ Company	*	
	1830 NW 7TH S	SUITE 202		
	NALANAL EL 2240	Address		
	MIAMI, FL, 3312			
		City/ State and Zip Cod	e	
NE	LSON@NAINCO	METAX.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		:-
NELSON AL	VAREZ	_ at ( 305	, 381-5362	<b>ಪ</b>
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	13 OCT
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	23
■ \$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)	PH 4: 23
Amo Divi	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## R & F CARRIERS INC.

N & E CARRIERO INC		<u></u>
(Name of Corporation as currently filed with the FI P1100056733	orida Dept. of State)	
(Document Number of Corporation (if	known)	-
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable:		_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		-
		-
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maining dudress MAT BE A FOST OF FICE BUX)		-
		•
		-
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	م م
new registered agent and/or the new registered office address:		<b>3</b> (2)
Name of New Registered Agent		
		25 (i)=
(Florida stree	et address)	
New Registered Office Address: (City)	, Florida	. <u>I</u> 35
Сту	(Zip Code)	or STATE PH 4: 23
		5
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the marking	
as regimered agent. I am jamitur w	un ana accept the obligations of the position.	
Signature of New Registered As	vent 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: $\underline{X}$ Change	<u>PT</u> <u>Johr</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	OFFICER	CHAVELY VALDES	1830 NW 7TH ST SUITE 202 MIAMI, FL, 33125
2) Change Add Remove		<u> </u>	
3 ) Change Add Remove		·	
4) Change Add Remove		<del></del>	
5) Change Add Remove			
6) Change Add Remove			

	if necessary). tBe	specific)			
		·		<del></del>	<del></del>
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<u>-</u>					
			_		
<u> </u>	<del>_</del>			<u> </u>	
amendment provid.	es <u>for an exchange,</u>	reclassification,	or cancellation of	issued shares,	
······································	nting the amendmen	nt if not containe	d in the amendme	nt itself:	
<u>risions for implemen</u>	10 . K// 45				
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visions for implemen (if not applicable, in	aicate N/A)				
<u>visions for implemen</u>	aicate N/A)				

The date of each amendment(s)	adoption: 10/19/2018
Effective date <u>if appli</u> cable:	0/19/2018
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 10/18	3/2018
selec	a director, president or wher officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	ZULAY ALVAREZ
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

. . .