P11000060307

Office Use Only



800249999088

07/24/13--01007--015 **35.00

13 JUL 24 AM 9: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 28 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

•						
NAME OF CORPORATION: STARFIVE TRANSPORT, INC.						
DOCUMENT NUMBER: P110000603						
The enclosed Articles of Amendment and fee are s	submitted for filing.					
Please return all correspondence concerning this m	natter to the following:					
P. MIGUEL VILLALOBOS						
	Name of Contact Person	1				
STARFIVE TRA	NSPORT, INC.					
	Firm/ Company	<u>.</u>				
16591 GATOR F	RD					
·	Address					
FORT MYERS,	FL 33907					
	City/ State and Zip Code	e				
NA VIII LALODOGAL						
M.VILLALOBOS@F						
E-mail address: (to be	used for future annual report	notification)				
For further information concerning this matter, ple	ase call:					
MICHAEL VILLALOBOS	_{at (} 239	, 333-2033				
Name of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee \$\text{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	Street	Address				
Amendment Section	Amend	ment Section				
Division of Corporations Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

F	FILE	'n
13 յլլ	24 44	
SECRETA TALLAHAS	SEE. FL	STATE ORINA

STARFIVE TRANSPORT, INC.

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

P11000060307

(Document Number of Corporation (if known)

nent(s) to

PAIR, INC.		. The n
ord "corporation," "company p," "Inc," or "Co". A profe e abbreviation "P.A."	," or "incorpor essional corporat	ated" or the abbreviati ion name must contain
<u>le:</u> <u>DRESS</u>)		
<u>ox</u>)		
ered office address in Florida d office address:	a, enter the name	e of the
(Florida street address)		
	, Florida_	
		(7) (1 1.1
(City)		(Zip Code)
	rd "corporation," "company p," "Inc," or "Co". A profe e abbreviation "P.A." e: DRESS) OX) ered office address in Florida I office address:	rd "corporation," "company," or "incorporation," "Inc," or "Co". A professional corporation abbreviation "P.A." e: DRESS) OX) ered office address in Florida, enter the name of office address:

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones	1		
X Add	<u>sv</u>	Sally Smith	<u>I</u>		
Type of Action (Check One)	<u>Title</u>	<u>N</u> :	<u>ame</u>		Address
1) Change	<u>T</u>	_ <u>E</u>	FRAIN GONZLAEZ	<u> </u>	16591 GATOR RD
X Add					FT MYERS FL 33912
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add	-				
Remove					
5) Change					
Add					
Remove					
6) Change				_	
Add				_	
Remove					

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
<u>.</u>			-			,	
	. ".						
<u> </u>							•
						. <u></u>	
						<u> </u>	
					<u>-</u> . <u>-</u>		
						-	
							
				•	· · · · · · · · ·		
							
				· · · · · ·			
<u> </u>		· · · · · · · · · · · · · · · · · · ·					
						<u></u>	
<u>If an a</u>	mendment prov	ides for an exc	hange, reclas	sification, or c	ancellation of i	ssued shares,	
provis (i,	sions for implen f not applicable,	nenting the amount indicate N/A)	endment if no	t contained in	the amendmen	<u>it itself:</u>	
					. <u>. </u>		
	 						
	•	<u>-</u>					
					•		
							
							<u></u>

The date of each amendment(s) adop	office: 07/18/201;	3	FILE 3 JUL 24 AM	, if other than the
date this document was signed.		1	3 1111	
Effective date if applicable:		SF.	JUL 24 AM	9:51
	(no more than 90 t	Standays after amendme īj jīlē	AHASSEE. FI	STATE ORIDA
Adoption of Amendment(s)	(CHECK ONE)			.04
■ The amendment(s) was/were adopte by the shareholders was/were suffice		umber of votes east for th	ne amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea				,
"The number of votes cast for	, , ,	• •		
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors w	ithout shareholder action	and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators withou	ut shareholder action and	shareholder	
Dated 7/18/2 Signature	Millelalor	n		
selected, I	ctor, president or other officer by an incorporator – if in the h fiduciary by that fiduciary)			
F	P. MIGUEL VI	LLALOBOS	.	
	(Typed or prin	nted name of person sign	ing)	-
· F	RA / DIR-SEC			
	(Title	of person signing)		