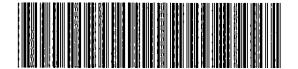
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,
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Anend C.COULLIETTE

DEC 12.2011

**EXAMINER** 



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

. World Wide (Compression Name)	Transportation Services Inc
(Corporation Name)	(Document #)
. (Corporation Name)	(Document #)
(Corporation Name)	(Document ≇) /
Walk in Pick up t	time Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW HLINGS	AMENDMENTS
<b>Profit</b>	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Cent. 100 - 2007. 1 - 1207.20 Canada 200
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Other

### Articles of Amendment to Articles of Incorporation of

# WORLDWIDE TRANSPORTATION SERVICES INC

(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
79	1000011317		
(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corp	
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE			
	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
			₩ Vise
D. If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of the	DEC.
	stered office address.		4 60 887 887 887 887 887 887 887 887 887 88
Name of New Registered Agent:			AN INCOME
New Registered Office Address:	(Florida street d	address)	ATTO ATTO
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		and accept the obligations of the p	osition.
	ignature of New Registere	d Agent, if changing	

Page 1 of 3

-min id 61.40 1002-22-100

# 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) Title Name Address Type of Act

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	HAMDAM MELE	15001 NW 42ND AVE. BLDG 47 MIAMI FL 33054	☑ Add ☐ Remove
	·		Add Remove
	nending or adding addition ch additional sheets, if neces	al Articles, enter change(s) here: sary). (Be specific)	
pro		an exchange, reclassification, or cancellation be amendment if not contained in the amendral/A)	nent itself:

The date of each am	dment(s) adoption: 12/02/2011	_
Effective date <u>if app</u>	(date of adoption is required)	-
Enecuve date is app	(no more than 90 days after amendment file date)	-
Adoption of Amend	ent(s) ( <u>CHECK ONE</u> )	
	was/were adopted by the shareholders. The number of votes cast for the amendment was/were sufficient for approval.	ot(s)
The amendment(s must be separatel	vas/were approved by the shareholders through voting groups. The following state provided for each voting group entitled to vote separately on the amendment(s):	mer
"The number	votes cast for the amendment(s) was/were sufficient for approval	
by	29	
,	(voting group)	
action was not rec	was/were adopted by the incorporators without shareholder action and shareholder	lder
Dat	12/02/2011	
Sign	rura) A	
	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 courappointed fiduciary by that fiduciary)	
<b>\</b>	ALI A. MALEK	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	

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