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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	GOLAC TRANSPORTATON INC
DOCUMENT NUMBER:	P11000077864
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	YUDERCA BARBERA
 	Name of Contact Person
AC	COUNTING PLUS MORE
	Firm/ Company
4100	CORPORATE SQ STE 150
	Address
	NAPLES, FL 34104
	City/ State and Zip Code
yudy @ E-mail address: (to b	accountingplusmore.com be used for future annual report notification)
For further information concerning this ma	atter, please call:
YUDERCA BARBERA	at (239) 643-9968
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

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

P11	000077864		
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation	adopts the follo
A. If amending name, enter the new name of	the corporation:		. •
GOLAC TRA	ANSPORTATION INC		The new
name must be distinguishable and contain is abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	e," or "Co". A profession	
B. Enter new principal office address, if app	licable:		
(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)		·
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or	egistered office address i	n Florida, enter the name	12 FEB 16 PH 12: 44
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	nddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		and accept the obligations c	of the position.
	Variations of Many Passistance	d lant if abouting	

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)

<u>Title</u>	Name	Address	Type of Action
MGR	FABIAN J GOLAC	160 25TH STREET NW NAPLES, FL 34120	☑ Add □ Remove
	dditional sheets, if necessary). (Be s	pecyley	
provisio	nendment provides for an exchange ons for implementing the amendmen ot applicable, indicate N/A)	reclassification, or cancellation of the if not contained in the amendme	fissued shares, nt itself:
N/A			

The date of each amendment	(s) adoption: 09/09/2011
Effective data if applicable.	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature (By sele	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	MARIAL L GUTIERREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)