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Amend
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: ARCIA TRANSPORT INC	<del></del>
DOCUMENT NUMBER: P110000 80 600	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Juan A. Arcia Name of Contact Person	
ARCIA TRANSPORT INC	<u>.</u>
14347 SW 176 Terr	
Miami, 7L 33177	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Juan A. Arci A at (305) 546-7  Name of Contact Person Area Code & Daytime Telephone	Number Number
Enclosed is a check for the following amount made payable to the Florida Department	of State:
Certificate of Status Certified Copy Ce (Additional copy is enclosed) Ce	2.50 Filing Fee extificate of Status extified Copy dditional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** 2011 SEP 19 PH 1:56 **Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State) (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: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (City) (Zip Code) 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

removed and		ddress of each Officer	itle and name of each officer/di and/or Director being added:	rector being
Title	Name		Address	Type of Action
<u>vp.</u>	Jorge	Kodriguez del Rey	6200 W Flater St Apt 203 MIAMI = 123314	Add Remove
				☐ Add ☐ Remove
				Add Remove
(attach addi	tional sheets, if ne	cessary). (Be specific	)	
provisions		g the amendment if no	ssification, or cancellation of iss t contained in the amendment i	
				· <u> </u>
			······································	

	alisti
The date of each amendment(s	adoption:(data of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	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	st for the amendment(s) was/were sufficient for approval
by	oting group)
(*	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	7/15/11
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	Juan A. Arcia (Typed or printed name of person signing)
	(Typed or printed name of person signing)  Resident
	(Title of person signing)