

P11000097262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

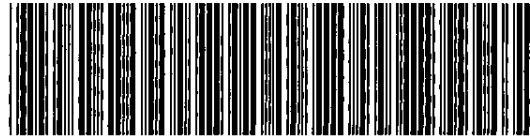
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Lemieux
T. LEMIEUX
APR 19 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Transport Blueprint Plans Pickup & Delivery Service, Corp
DOCUMENT NUMBER: P11000097262

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ovidio M. Gonzalez, B.S. I.E.
Name of Contact Person
Transport Blueprint Plans Pickup & Delivery Service, Corp
Firm/ Company
261 N.W. 59 Ave,
Address
Miami, FL 33126
City/ State and Zip Code

None

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ovidio M. Gonzalez, BSIE, (786) 239-1037
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This is our address.

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2012

OVIDIO M GONZALEZ
261 NW 59 AVE
MIAMI, FL 33126

SUBJECT: TRANSPORT BLUEPRINT PLANS PICKUP & DELIVERY SERVICE CORPORATION
Ref. Number: P11000097262

We have received your document for TRANSPORT BLUEPRINT PLANS PICKUP & DELIVERY SERVICE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not use FI Division of Corporation in your principal address. Also the p.o. box you have for your mailing address is the State of Florida Division of Corporations mailing address. You can not use that address for your mailing address. You have listed as your registered agent Spiegel & Utrera, P.A. they are out of Miami FI not Tallahassee FI. So you can not use that as your registered agent's address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 512A00011451

RECEIVED

12 APR 19 AM 8:42

TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

Transport Blueprint Plans Pickup & Delivery Service Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)

P11000097262

(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:

The Black Condor Intelligence Corporation (BCI). The new 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**)

P.O. Box 260425
Miami, FL 33126

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
(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

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TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Ammend Delivery Service to Intelligence.
Occupation: Operative field officer/Consulting.
Profession: Intelligence Clandestine Service.
Range: National/International Sellable business.
Contractor: United Nations/Government/Public.
Hours: 24. Days: Monday - Sunday, Vacations: By choice.
Florida Division of Corporations shall be held civil & criminally
immune for all activities performed by the business.
Use of Firearms/ Weapons, ~~et cetera~~, Employee applications.
Business contracting. Employees are university graduates.
Security Clearance: Any. President is U.S. Citizen.
Personnel Size: 1,000 (max). All rights reserved.
Ranks: 2nd Lieutenant through Lt. Colonel. Business cards
Compliance: USA laws. Indemnified. Health, dental & life ins.
Purpose: Sell intelligence, collect revenue taxes, hire, but
not limited too. Equipment, supplies & or uniforms. Any.
Business personnel files, etc kept at FL. Div. of Corporations.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Add, total number of capital stocks
for sale's & purchase's to 822 Billion Shares
for stock market's & over the counter sale's
to public/government.

The date of each amendment(s) adoption: April 4, 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated April 4, 2012
Signature Ovidio M. Gonzalez, B.S.I.E.
A (white) Hispanics & Caucasians Anglo-Saxons Whites Complete Family.

(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 court appointed fiduciary by that fiduciary)

2nd Lt. Ovidio M. Gonzalez, B.S.I.E.
(Typed or printed name of person signing)

President
(Title of person signing)