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JUN 1 1:2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations
NAME OF CORPORATION: 56/ TRANSport INC  DOCUMENT NUMBER: P12 000000 887
The enclosed Articles of Amendment and fee are submitted for filing.
·
Please return all correspondence concerning this matter to the following:
Tony H, Famada stwart  Name of Contact Person
_561 TRANSPORT, INU
Firm/ Companys
1920 CamboDiana DD
Wat talm Beach 7 33400 City/ State and Zip Code
• • • •
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tory H Famake Stwart at (8/3) 3/7-1438  Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of A	•		FI	.3
•	to Articles of Inc of	corporation	j	12 JUN -	AHN; 38
- 561 TR	prospr	1 INC	) <u>"</u> 8:	CASS	AH MI 30
(Name of Corporation as cur	rently filed With the F	dorida Dept. of Sta	te) 'ALI	AHARRY &	FLOOME
(Document Nu	mber of Corporation (	if known)			~\\UA
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corp	oration adopts	the following	amendment(s) to
A. If amending name, enter the new name	of the corporation:				
					The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	1 "Corp," "Inc," or '	'Co". A profession			
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		Ust to	lm B	9 3+ edt f	L D 33405
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		Sml a	as Am	ove_	
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of	the	
Name of New Registered Agent					
	<u> </u>				
	(Florida str	reet address)			
New Registered Office Address:	(City)		_, Florida	Zip Code)	
	(City)		4	zip Coue)	
New Registered Agent's Signature, if chang	ing Registered Agent	•			
I hereby accept the appointment as registered	agent. I am familiar	with and accept the	obligations of t	he position.	
 Signati	re of New Registered A	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)

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add x Remove	РТ	TONY H FAMADA STWART	1920 CAMBODIANA RD WEST PALM BEACH, FL 33406
2) Change Add Remove	<u>PT</u>	KENIA IJMINEZ SUAREZ	115 SUMMA ST WEST PALM BEACH, FL33405
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	-		

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 he date of each amendment(s) ad	tantian: 6/4/2012 -
	ioption.
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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.  The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – iffin the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	TONY H Famada Stwart  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Thes.
•	(Title of person signing)