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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CURY TRANSPO	RTATION INC	
DOCUMENT NUMI	P12000012820		·· ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIA CURY		
	 	Name of Contact Person	
	CURY TRANSPORTATION	INC	
		Firm/ Company	
	1227 LORETTO CIR		
		Address	
	ODESSA FL 33556		
		City/ State and Zip Code	.
curyt	ransportation@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MARIA CURY		at (813	792-1349
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CURY TRANSPORTATION INC

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P12000012820	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	The new d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	20 S
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Gian	nature 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)

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	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) (1)				
2) Change		_	•	
Add				1100
Remove				
3) Change				•
Add				
Remove				***
4) Change				
Add				
Remove				
Kemove				
5) Change			_ 	
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
· · · · · · · · · · · · · · · · · · ·		 	
4.4.4.			
	<u> </u>		<u> </u>
			,
		·	
		· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, adment if not containe	or cancellation of issued d in the amendment itsel	<u>shares,</u> <u>f:</u>
EDRO E MASEDA DEL VALLE PRESI	DENT 49% SHARES		
IARIA M CURY MIRANDA TREASUR	ER 51% SHARES		

The date of each amendment(s) ad date this document was signed.	option:, if other than the
ū	7/2016
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	roved 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 i	for the amendment(s) was/were sufficient for approval
PEDRO E MASEDA D	DEL VALLE
<i>O</i>	(voling group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
11/03/2016 Dated	
Signature	Wreple receif
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MARIA M CURY MIRANDA
•	(Typed or printed name of person signing)
	TREASURER
•	(Title of person signing)