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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : I20110000033 Phone : (786)360-2879 Fax Number : (786)362-5270

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## **COVER LETTER**

TO: Amendment Section Division of Corporatio	វាន			•	
NAME OF CORPORATION	**··- <u> </u>			PORTI	<u> </u>
DOCUMENT NUMBER:	<u> </u>	0000 40 7	776		
The enclosed Articles of An	nendment and fee are so	ıbmitted for filing	<b>;</b> .		
Please return all correspond	ence concerning this ma	itter to the followi	ing:		•
	DUVIER	Manso	Goi	nzAlEZ	
		Name of Cont	fact Person		
	- / <del>-</del>	Firm/ Cor	mpany		
	3534 TAN	MARAC	TA	<u></u>	<del></del>
L.	NEST PAlm	Addro BLACH	ss I, FL	33406	
		City/ State and	Zip Code		
4	ALCSINC Small address: (to be us	QAOL.	com		
	mail address: (to be us	ed for future anni	ual report not	tification)	
For further information conc	erning this matter, pleas	se call:			
DUVIER MANSO	GONZALEZ	at (	561 s	246-09	158
Name of Con	tact Person		Area Code é	& Daytime Telephon	e Number
Enclosed is a cheek for the fe	ollowing amount made p	payable to the Flor	rida Departm	ent of State:	
\$35 Filing Fee	IS43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	1\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section Corporations	11.	Clifton Bui 2661 Execu	nt Section Corporations	

Articles of Amendment Articles of Incorporation (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 Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I applyamiliar with and accept the obligations of the position. 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)

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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>_P</u>	Ivan Feito	3534 TAMARAC TR WIST PAIM BEACH FL 53406
2) Change Add Remove	P	DUVIER HAMSO GONTAlez	3534 TAMARAC TR WEST PAIM BLACKFL 33404
3) Change Add Remove			
4) Change Add Remove	<del>.</del>		
5) Change Add Remove			
6) Change Add Remove			

	ecessary). (Be specific	<i>c)</i>		
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_	<u>r an exchange, reclass</u>	<u>ification, or cancellate</u>	ion of issued shares.	
u amendment provides fo	the amendment if not			
n amendment provides for ovisions for implementing (if not applicable, indicat	the amendment if not te N/A)			
ovisions for implementing	the amendment if not te N/A)	A STATE OF THE STA		
ovisions for implementing	t the amendment if not te N/A)			
ovisions for implementing	the amendment if not te N/A)			
ovisions for implementing	the amendment if not te N/A)			
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n amendment provides for ovisions for implementing (if not applicable, indicated)	the amendment if not te N/A)			
ovisions for implementing	t the amendment if not			

	5/a/ana
The date of each am	endment(s) adoption:
Effective date <u>if aup</u>	5/9/ 2012
Puecuse axte u soo	(no more than 90 days after amendment file date)
Adoption of Amendi	ment(s) (CHECK ONE)
by the shareholder	was/were adopted by the shareholders. The number of votes cast for the amendment(s) as was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number	r of votes cast for the amendment(s) was/were sufficient for approval
by	))
	(voting group)
The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder aired.
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder lired.
Dat	ed 5/9/2012
Sign	nature Man SO
	(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)
	Duvier MANSO GONZAlez
	(Typed or printed name of person signing)
	PMESIDENT
	(Title of person signing)