(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	· #\
	WAIT	· 
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	ROA TRANSPORT IN	С
DOCUMENT NUI	MBER:	P12000022751	
The enclosed Articl	les of Amendment and fee a	are submitted for filing.	
Please return all con	rrespondence concerning thi	is matter to the following:	
-		ALBA E VIVAR	
	N	lame of Contact Person	
MIAMI DISPATCH & CARRIER SERVICES			
	Firm/ Company		<del>-</del>
	8040 NW 95 TH ST SUITE#106		
-	Address		
	ΗΙΔΙ ΕΔ	H GARDENS EL 33016	
-	HIALEAH GARDENS, FL 33016  City/ State and Zip Code		
	BALA BALDIOD	PATCHECMAN COM	
	E-mail address: (to be use	ATCH@GMAIL.COM  d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
A	LBA E VIVAR	at ( 305 ) 82  Area Code & Daytime Tel	22-0255
Name o	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	tment 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 Ad		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circl	e

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

18 SEP -9 AM 8:03

SECRETARY OF STATE

TALLAHASSEE, FLORIDAD

### **ROA TRANSPORT INC**

ĺ	Name of Corpora	ation as current	v filed with th	se Florida Den	t. of State)
١	Traine of Corpora	LUVU AS CULLEILU	y ilicu willi lii	ie riviiua dep	n. vi State)

(Name of Corporation as currently fried with	ine Horida Depti of State)
P12000022751	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must be also associated as a contain the word "chartered," "professional associations are must be also as a contain the word "corp."	'orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1840 W 49 ST STE #727
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	HIALEAH, FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1840 W 49 ST STE #727
	HIALEAH, FL 33012
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent: HOMERO L	ARAOZ
New Registered Office Address: (Flora	ST STE #727 ida street address)
HIALEAH (City)	Florida <u>33012</u> (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent. I am familiary accept the appointment as registered agent.	gent: itiar with and accept the obligations of the position. 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	RICARDO ROA	5650 W 20 CT HIALEAH, FL 33016	☐ Add ☑ Remove
<u>P</u>	HOMERO L ARAOZ	1840 W 49 ST STE #727 HIALEAH, FL 33012	☑ Add □ Remove
<u>VP</u>	DIDIER DEL PONTIGO	1840 W 49 ST STE #727 HIALEAH, FL 33012	✓ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
F. If an amer	ndment provides for an exchange, recla for implementing the amendment if n	ssification, or cancellation of issued to the contained in the amendment is	ued shares, tself:
(if not	applicable, indicate N/A)		<del></del>
			<del>-</del>

The date of each amendmen	t(s) adoption: <u>09/06/2013</u>
Effective date if applicable:	09/06/2013 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_09/0	06/2013
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator + if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RICARDO ROA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)