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SEURLIARY OF STATE
AND AHASSEE, FLORIDA

C. LEVINS

OCT 1 2013

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ISACARGO TRANSPORT CORPORATION DOCUMENT NUMBER: P12000048265 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GABRIEL TORRES Name of Contact Person Firm/ Company 28933 LONG MEADOW LOOP Address **WESLEY CHAPEL FL 33543** City/ State and Zip Code GTORRES@ISACARGOTRANSPORT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (713) 280-9426 Area Code & Daytime Telephone Number GABRIEL TORRES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address

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

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

Articles of Amendment Articles of Incorporation of

FILED 13 SEP 24 PM 2: 03

ISACARGO TRANSPORT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P12000048265

amendment(s) to

(Document Number of C	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	28933 LONG MEADOW LOOP
(Principal office address <u>MUST BE A STREET ADDR</u>	WESLEY CHAPEL FL 33543
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28933 LONG MEADOW LOOP WESLEY CHAPEL FL 33543
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
	. TORRES CUENCA
	ONG MEADOW LOOP
	(Florida street address)
New Registered Office Address: WESLE	CHAPEL , Florida 33543
New Registered Office Address.	(City) (Zip Code)
x Janya d	ered Agent: m familiar with and accept the obligations of the position. Ours Culuca 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 <math>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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	Р	GILBRAN LAUREANO	850 N. HOAGLAND BLVD		
Add X Remove			KISSIMMEE FL 34741		
2) Change	Р	TANYA L TORRES CUENCA	28933 LONG MEADOW LOOP		
X			WESLEY CHAPEL FL 33543		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	adding additional Ar al sheets, if necessary)	ticles, enter chang . (Be specific)	<u>(e(s) here</u> :		
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. If an amendmen	nt provides for an ex- implementing the an	<u>change, reclassific</u>	ation, or cancellat	<u>ion of issued shar</u> andment itself:	es,
(if not appi	licable, indidate N/A)	icadiscar ii not co	in the arm	- Hatte	
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The date of each amendment	(s) adaption: 09/18/2013	3	FILE Either than the
date this document was signed. Effective date if applicable:			13 (50 2)
in appreciane.	(no more than 90) d	avs after amendment file dar	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The nure sufficient for approval.	imber of votes east for the amo	endment(s)
	e approved by the shareholders throug d for each voting group entitled to vot		
"The number of votes	east for the amendment(s) was/were s	ufficient for approval	
by	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board of directors wi	thout shareholder action and s	hareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without	shareholder action and share	holder
Dated_09/	/18/2013		
Signature	Money		
se	director, president or other officer ected by an incorporator – if in the happointed fiduciary by that fiduciary)		
	GILBRAN LAU	REANO	
	(Typed or prin	ted name of person signing)	
	PRESIDENT		

(Title of person signing)