P12000054470

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SECRETARY OF STAME

DEC 9 2015 C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	IGL TRANS CO)KP			
DOCUMENT NUMBER:	OCUMENT NUMBER: P12000054470				
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		ALBA E VIVAR			
		Name of Contact Person	1		
	MIAMI	DISPATCH & CARRIER	SERVICES		
	Firm/ Company				
	8040 NW 95TH ST STE 106				
	Address				
	HIALEAH GARDENS, FL 33016				
	City/ State and Zip Code				
•					
F-m:	ail address: (to be us	sed for future annual report	notification)		
2 111	address. (10 oc d.	oca for facare annual report	nothieudony		
For further information concerni	ng this matter, pleas	se call:			
ALBA E VIVAR		at (305	822-0255		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:		
	3.75 Filing Fee & rtificate 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 Add	ress	Street	Address		
Amendment S		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee FI 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF LIVEL DIVISION OF CORPORATIONS

IGL TRANS CORP

15 DEC -4 AM 9: 20

(<u>Name o</u>	f Corporation as current	tly filed with the Florida Dept. of State)	
	P120000	054470	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		5180 NW 7 ST #103	
(Principal office address MUST BE A ST		MIAMI, FL 33126	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5180 NW 7 ST #103	
		MIAMI, FL 33126	
	,		
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	FABIOLA PERALTA		
The state of the s	5180 NW 7 ST #103		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	FABIOLA PERALTA	5180 NW 7 ST #103
X Add			MIAMI, FL 33126
Remove			
2) Change	VP	PAVEL PERALTA	5180 NW 7 ST #103
X Add			MIAMI, FL 33126
Remove	ar ar		5100 NW 7 GT (102
3) X Change	SECR	IVAN LAVERNIA	5180 NW 7 ST #103
Add			MIAMI, FL 33126
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 .		
Add		,	
Remove		•	

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) N/A	If amending or adding additional Articles, e (Attach additional sheets, if necessary). (Be	nter cnange(s) nere: specific)		
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	Attach dadinima sheets, y necessary,		/A	,
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	(if not applicable, indicate N/A)	at it not contained in ti	te amendatent itsen.	
	. N/A			
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•	11/27/2015	
The date of each amendment(s) ac		, if other than the
late this document was signed.		FILED
	/27/2015	SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :	(10 mon the 00 days of or	
	(no more than 90 days after amend	15 DEC -4 AM 9: 20
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes confficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by	(voting group)	
·	(voting group)	
action was not required.		
Signature		
	lirector, president of other officer - if directors or	
	d, by an incorporator – if in the Mands of a receive	er, trustee, or other court
appoir	ted fideciary by that fiduciary)	
	IVAN LAVERNIA	
•	(Typed or printed name of person sig	ning)
	PRESIDENT	
-	(Title of person signing)	