## P12000081441

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SECRETARY OF STATE

Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: DON DIEG	O TRANSPORT	CORP
DOCUMENT NUMI	BER: P1200008044	6	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PAVEL A GOME	Z	
		Name of Contact Persor	1
	<del></del>	E' I Carrage	
	7651 W 36 AVE	Firm/ Company # 2	
		Address	
	HIALEAH, FL 330		
		City/ State and Zip Code	2
so	PLETE02@YAHO	OO.COM	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
PAVEL A GO	OMEZ	at (305	, 2445217
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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 Address  Amendment Section  Division of Corporations  P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building
	ahassee, FL 32314	2661 E	executive Center Circle

## Articles of Amendment to Articles of Incorporation of

Articles of Incorpor	ation
of	
DON DIEGO TRANSPORT CORP	
(Name of Corporation as currently filed with the Florida	Dep

•	currently filed with the Fl	orida Dept. of State)
P12000080446		
(Documer	nt Number of Corporation (if	known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A
, , , , , , , , , , , , , , , , , , , ,	<del></del>	
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the nev		DE I
Name of New Registered Agent PAVEL A GOME		ess in Florida, enter the name of the
tune of the registered rigen	7651 W 36 AVE	
	(Florida stre	
	HIALEAH	Florida 33018
New Registered Office Address:	(City)	Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered ageni. Iyam jamiliar w	ith and accept the obligations of the position.
St	gnature Welv Registered A	geni, ij 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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	P	DANIEL MOSQUERA SR	7651 W 36 AVE # 2
Add			HIALEAH, FL 33018
Remove			
2) Change	P	PAVEL A GOMEZ	7651 W 36 AVE # 2
Add			HIALEAH, FL 33018
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			
∧dd			
Remove			
5) Change			
Add			
Remove			
6) L Change	<u> </u>		
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)  A	

The date of each amendment(s) adoption: 12/05/2014	, if other than the
date this document was signed.	_
Effective date if applicable: 12/05/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_12/04/2014	
Signature PAVEL A GOMEZ	
(By a director, president or other) fireer – 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)	_
PAVEL A GOMEZ	
(Typed or printed name of person signing)	<del></del>
VICE PRESIDENT	
(Title of person signing)	