Florida Department of State

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Division of Corporations

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Account Name : A & L CARRIER SERVICES INC.

Account Number : I20110000033 Phone : (786)360-2879

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LCD TRANSPORT CORP

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COVER LETTER

TO: Amendment Section

Division of Corporation	ons	•			
NAME OF CORPORAT	ION: LCD TRAN	NSPORT COR	P		
DOCUMENT NUMBERS	P1300001007	75 -			
The enclosed Articles of A.	mendment and fee are su	abmitted for filing.			
Please retum all correspond	dence concerning this ma	tter to the following:			
<u>LC</u>	D TRANSPO	RT CORP !			
		Name of Contact Per	200		
LU	JZ CELESTE N		ER		
		Finn/ Company			
62	1 I SEA PINE	WAY			
		Address			
GF	REEN ACRES	FL 33415			
		City/ State and Zip C	ode .		
info@	alcarrierservic	es.com			
<u> </u>	E-mail address: (to be us	= =	ort notification)		
For further information con	cerning this matter, pleas	se call:			
A & L CARRIER	R SERVICES I	NC _{at} 786	360-2879 Code & Daytime Telephone Number		
Name of Co	ntact Person	Arca	Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
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Mailing ,	A ddress	Ctro	et Address		
Amendment Section Amendment Section					
•	of Cornorations	Division of Companions			

P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to | Articles of Incorporation of

	οſ		7
LCD TRANSPORT COR	RP		`
(Name of Corporation as	currently filed with the Flor	da Dept. of State)	
(Досиме)	at Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation 20	lopts the following amends
A. If amending name, enter the new ne	nme of the corporation:		
		!	The m
name must be distinguishable and con. "Corp" "Inc" or Co" or the design word "chariered," "professional associa	ation "Corp." "Inc." or "Co"	".¦ A professional corpora	rated" or the abbreviati ition name must contain t
B. Enter new principal office address, Principal office address MUST BE A S			
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST (</u>			
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the nam	ue of the
Nume of New Registered Agent	DUVIER MANSO	GONZALEZ	
	(Florida street d	eddi ess)	
New Registered Office Address:		, Florida_	
	(Cly)		(Zip Code)
New Registered Agent's Signature, if ch		and a salda abba da	Chi 102
hereby accept the appointment as registr	· ·	•	of the position.
'AULA	nature of New Registered Ages	() My	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO a held. President, Treasure; Changes should be noted	and/or D if necess rector tith President = Chief f r, Directo in the foi	trector be ary) e by the fi ; T= Trea inancial or would be llowing me orporation	cing added: rst letter of the office to surer; S= Secretary; Officer. If an officers te PTD, the contently John of Sally Smith is name	itle: D= Director; TR= director holds more	er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is the should be noted as John Doe, PT as a Change,
X Change	PT	John Do	e	}	
X Remove	<u>v</u>	Mike Jo	<u>acs</u>	İ	
_X Add	<u>v2</u>	Sally Sn	<u>ith</u>	· 1	
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
() Change	٩_	_	Luz Celeste Na	via Ferrer	621 I SEA PINE WAY
Add				,	GREEN ACRES FL 33415
Remove					
2) Change	<u>P</u>	_	Duiver Manso G	ionzalez	621 I SEA PINE WAY
Add					GREEN ACRES FL 33415
Remove					
3) Change					
Add					
Remove					
4) Change	-	_			
Add					
Remove					
5) Change					
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6) Change		_		 	
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provisions.	lment provides for for luplementing t applicable, indicate	<u>he amendoient</u>	cclassification if not contain	<u>, or cancellation of the amendr</u>	of issued shares, nent itself;	

The date of each amendment(s) adoption: 08/1/17 date this document was signed.	, if other than the
Effective date if applicable: 08/1/17	
(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 east 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 east for the amendment(s) was/were sufficient for approval	
by	
(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.	
Signature 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)	
LUZ CELESTE NAVIA FERRER	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	~