P13000011957

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ALL-MHASSEELEROR)

HAY 14 2013 R. White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Universal Transport Services, Inc. DOCUMENT NUMBER: P130000 11957							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Lowdes Meders Name of Contact Person							
Firm/ Company							
1250 E Hallandale Boh Blvd #602							
Address Hallardale, & 33009 City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Lourdes Mederos at (931) 204 - 3262 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)							
Mailing Address Street 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	FILE	.D	
Universal Trans (Name of Corporation as currently	port Sprvice	13 The	PM 5: 02	-
P13000011957		SEURETARY (TALLAMASSEE	FLORIDA	-
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit</i>	Corporation adop	ots the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co". A profe.			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Rel hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept	the obligations of	the position	
			poontoit.	
Signature of)	Vew Registered Agent, if changi	ng		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	P	larry Webman	1250 E Hallandale Boh Blvo
Add		J	1250 E Hallandale Boh Blvo #602 Hallandale FZ 3300
X Remove			
2) Change	VP	Claire Rand	21150 NE 38th Ave
X_ Add			Unit-1105
Remove			Aventura, F2 33180
3) Change	_		
Add			
Remove			···
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
······································	
on amondment provides for an evaluation	ango realossification or consultation of insued about
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 57 2013
Effective date if applicable:
(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
(voling 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 5 7 2813
Signature A Gy () 9
(By a director, president or other officer in 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)
Lawy Webna (Typed or printed name of person signing)
President.
(Title of person signing)