## P13000034070

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Union Callier Services Inc
DOCUMENT NUMBER: 13000034070
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heidy Hodinguez Name of Contact Person
Union Carrier Services
5082 NW 74 AUR
Address
Man 11 33166
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heigh Rockligue at (786) 554-460/ Name of Contact Person at (786) 554-460/ 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Onion Carrier	Services Inc
(Name of Corporation as currently filed with the F	
P 13 0000 3110	70 ES <b>w</b>
(Document Number of Corporation (if	f known)
(Document Number of Corporation (in	158 2 1L
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation	
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Cover word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5082 NW 74 AUR
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	1110111 51 231/0/0
	MAPCI (P1 55100
C. Enter new mailing address if applicables	CO 12(1) 2. [ 1 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5082 NW 74 Mel
	MIANI FL 33/16/2
	<u> </u>
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	) 21 A10
5082 NU (Florida stre	pet address)
111411	33166
New Registered Office Address: M(11M)	, Florida / (Zin Code)
1-4,0	(-1,)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Registered A	Igent, 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.

Mike Jones, V as Remov	e, ana Sa	lly Smith, SV as ai	i Add.					
Example: X)Change	<u>PT</u>	John Doe					V	
X Remove	<u>V</u>	Mike Jones				1108	La T	5
_X Add	<u>sv</u>	Sally Smith				ω <sub>1</sub> ,	Made	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	_	0 (	<u>Ad</u>	dress O'	all whole	
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Remove								_
2) Change								_
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6) Change					_			_
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The date of each amendment(s) ad	loption: 4 17 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 ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	1/17/2013
Signature	All Defree
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	Heid Rodvigue X  (Typed or printed name of person signing)
	(Typed or printed name of person signing)  President
	(Title of person signing)