P13000046100

(1	(Requestor's Name)			
	Address)			
	Address)			
(Address)			
(1	City/State/Zip/Phone #)			
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	Business Entity Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DADE TRA BER: P1300004610	NSPORT INC		
	of Amendment and fee are sul			
Please return all corre	espondence concerning this mat	ter to the following:		
	HEIDY RODRIGU	JEZ		
	UNION CARRIEF			
	5082 NW 74 AVE	Firm/ Company	y.	
	MIAMI, FL 33166	Address		
		City/ State and Zip Code	2	
UN	IIONCARRIERSE	_		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
HEIDY RODRIGUEZ				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle assee, FL 32301	

	Articles of Am	endment			
to Articles of Incorporation		72-1-27	ಪ		
	of	poracion	7 C 10 2	د_	
DADE TRANSPORT INC			100	JUL.	
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	77.	2	1 1
P13000046100			1.00 TT1	P	Ö
(Documer	t Number of Corporation (if	known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the fol	llowing ar	n ed im	ent(s) to
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and con: "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	ation "Corp," "Inc." or "C	o". A professional corporation name		eviatio	n
B. Enter new principal office address, if applicable:		18495 SOUTH DIXIE H	WY		
(Principal office address MUST BE A S		SUITE 328			
		CUTLER BAY , FL 331	157		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18495 SOUTH DIXIE H	WY		
		SUITE 328			
		CUTLER BAY, FL 331	157		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the			
Name of New Registered Agent					
	18495 SOUTH DIX	IE HWY SUITE 328			
	(Florida stree	•			
New Registered Office Address:	CUTLER BAY	, Florida 33157			
	(City)	(Zip Co.	de)		
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations of the pos	ition.		
Si _i	gnature of New Registered Ag	gent, 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address up date presider
1) X Change	P	MADELIN C LEAL	18495 SOUTH DIXIE HWY
Add			SUITE 328
Remove			CUTLER BAY , FL 33157
2) Change	VP	LAZARO AREU	18495 SOUTH DIXIE HWY
X			SUITE 328
Remove			CUTLER BAY, FL 33157
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
PLEASE UPDATE ALL COMPANY ADDRESSES TO :
18495 SOUTH DIXIE HWY SUITE 328 CUTLER BAY , FL 33157
F. 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)

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	07/10/2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_7/′	10/2013	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MADELIN C LEAL	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)