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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
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(De	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

	•				
NAME OF CORPORAT					
DOCUMENT NUMBER					
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this made	ner to the following:			
		PERMIT DEPARTM	1ENT		
	Name of Contact Person				
	SIMPLEX GROUP				
		Firm/ Company			
		5800 NW 74TH AVE			
	Address				
		MIAMI, FL 33166			
		City/ State and Zip Cod	e		
	dlontero@simplexgrou	ıp.net			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
	ONTERO	at (305) 599-8287		
Name of C	ontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment 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		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 to Articles of Incorporation

	, 0	f	
FLO	RIDA CARRIER S	OLUTIONS INC	
(Name of Corporation as			
P1	3000048573		
	Number of Corporation	(if known)	
rsuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation add	opts the following
If amending name, enter the new name	ne of the corporation:		
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corporat	rated" or the abli tion name must co
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		50 NW 43rd PL Apt 5	
		Miami, FL 33126	Miami, FL 33126
			
Enter new mailing address, if applic (Mailing address MAY BE A PQST O		50 NW 43rd PL Apt 5	
		Miami, FL 33126	
). If amending the registered agent and new registered agent and/or the new			e of the
Name of New Registered Agent	Gil A Hidalgo Fern	andez	
	50 NW 43rd PL Apt 5		
	(Florida :	street address)	
	MIAMI	, Florida_	33126 (Zip Code)
New Registered Office Address:	(Cit		

Signature of New Registered Agent, 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: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u> _	Gil A Hidalgo Fernandez	50 NW 43rd PL Apt 5
Add			Miami, FL 33126
Remove			
2) Change	P	Noelvis Morejon Rabelo	11662 NW 91 PL
Add			Hialeah Gardens , FL 33018
Remove			
3) Change	VP_	Gil A Hidalgo Fernandez	50 NW 43rd PL Apt 5
Add			Miami, FL 33126
Remove			
4) Change		·	
Add			
Remove			
5) Change			_
Add		,	
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	namee, reclassification	on, or cancenation o	ent itself:	
				
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The date of each amendment(s) adoption:	10/23/2013	, if other than the
date this document was signed.	•	_
Effective date if applicable: 10/24/2	013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vo	eting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated10/24/2013		
Signature Aus		
(By a director, pre-	sident or other officer - if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	
ALCX:	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	