P13000061144

(Requestor's Name)	
(Address)	_
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SECRETARY OF STATE TALLY HASSEEL FLORIDA

OCT 23 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:2 LINES AUTO	TRANSPORT INC.			
DOCUMENT NUMBER:	P13000061144				
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.			
Please return all correspondenc	e concerning this ma	tter to the following:			
		PERMIT DEPARTMENT	r		
		Name of Contact Pers			
	S	IMPLEX GROUP			
		Firm/ Company			
	58	00 NW 74TH AVE			
		Address			
	MIAMI, FL 33166				
		City/ State and Zip Co	de		
E-n		rtinez@simplexgroup.net ed for future annual repo			
For further information concert			500 9297		
Name of Contac		at (at 6	Code & Daytime Telephone Number		
Enclosed is a check for the following			·		
	43.75 Filing Fee & ertificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Ame Divis Clifte 2661	et Address indment Section sion of Corporations on Building Executive Center Circle hassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAN ISSEET LORIDA

13 OCT | | AM 10: 51

2 LINES AUTO TRANSPORT INC.

(Name of Corporation as currently filed with the Flo	orida Dent. of State)	
P13000061144	Tide Dope of State,	
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the follow	ving amendment(s) t
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 "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name m	abbreviation
B. Enter new principal office address, if applicable:	1045 NW 127TH PATH	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33182	.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1045 NW 127TH PATH	
	MIAMI, FL 33182	
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	_
Name of New Registered Agent		
1045 NW 127TH	PATH	
(Florida stree	et address)	
New Registered Office Address: MIAMI	, Florida33182	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent		n.

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>	<u>Name</u>		<u>Addres</u> s
() X Change	P	FELICIA M G	ONZALEZ	1045 NW 127TH PATH
Add				MIAMI, FL 33182
Remove				
2) Change				The state of the s
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
Mary Control of the C		
· · · · · · · · · · · · · · · · · · ·	7-111-1120-1111-121-1111-111-1-1-1-1-1-1-	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issendment if not contained in the amendment	ued shares, itself:
A SECTION AND ASSESSMENT OF THE SECTION ASSE		B. 1 19***

The date of each amendment(s) adopt	tion: 10/04/2013	, if other than the
date this document was signed.		
Effective date if applicable:	10/04/2013	
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	l by the incorporators without shareholder action and shareholder	
10/04/20 Dated	113	
Signature X	() bolt is	
(By a direct	tor, president or other officer – if directors or officers have not been	
	y an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	FELICIA M GONZALEZ	
	(Typed or printed name of person signing)	··········
	PRESIDENT	
	(Title of person signing)	