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C. LEWIS OCT 2 2 2013 **EXAMINER**

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

NAME OF CORPORATION: ALL TRANSPORTATION CLEANING SERVICES, INC. DOCUMENT NUMBER: P13000076458				
	of Amendment and fee are sul			
Please return all corres	spondence concerning this mat	ter to the following:	·	
	RAMON HAQUIA			
		Name of Contact Persor	1	
	ALL TRANSPORT	TATION CLEAN	NG SERVICES INC	
		Firm/ Company		
	15542 SW 8TH L	ANE		
		Address	·	
	MIAMI, FLORIDA	33194		
		City/ State and Zip Code	e	
AN	AMARCORP@AT	T.NET		
	_	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call: .		
RAMON HAQUIA				
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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation



· · · · · · · · · · · · · · · · · · ·	s currently thea with the	rioriaa Dept. of State	1		SCE, FLORIDA
P13000076458					-110A
(Documen	nt Number of Corporation ((if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	<i>ation</i> ado	pts the followin	g amendment(s) to
A. If amending name, enter the new name, enter the name, enter		IC.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	'incorport corporati	ated" or the a ion name must	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			-
					_
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A			-
D. If amending the registered agent an new registered agent and/or the new			the name	of the	-
	N/A	7-			
Name of New Registered Agent	N/A	0.000			
		treet address)			
V D	N/A	,	D1 11		
<u>New Registered Office Address:</u>	(City)		Florida	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the ob	ligations	of the position.	
Si	gnature 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:	e, una sai	iy Smith, Sr as an Ada.	•
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
1) Change		_	
Add			
Remove			
2) Changé			
Add			
Remove		·	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NONE	(20 0)000,00
·-·· · · · · · · · · · · · · · · · · ·	
F If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) NONE	
NONE	

	• .	APPRUVE (I) AND FILED
The date of each amondment	(s) adoption: SEPT 27, 2013	FILED
date this document was signed	(s) adoption:	- 13 807 /5 pu
Effective date if applicable:	OCTOBER 7TH, 2013	13 oct other than the
	(no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(CHECK ONE)	.,
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendme are sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ement .
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated OC	7,20]3	
Signature	15-1/19-1	
Se	y a director, president or other officer—if directors or officers have not be lected, by an incorporator—if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	RAMON HAQUIA	
	(Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)