## P13000083884

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SECREJARY OF STATE
DIVISION OF CORPORATIONS

UUL 10 2015 CLEWIS

## COVER LETTER .

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Florid	a Everglades	Transport Inc		
DOCUMENT NUMBER: P13000083	1884			
The enclosed Articles of Amendment a		bmitted for filing.		
Please return all correspondence concer	ning this ma	tter to the following:		
Norma Ortiz				
When the control of t		Name of Contact Perso	n	
Florida Everglad	les Transpor	t Inc		
		Firm/ Company		
1156 Hookers Point Road				
		Address		
Clewiston FL 33	440			
		City/ State and Zip Cod	e	
ar8630@msn.com			•	
40	ress: (to be u	sed for future annual report	notification)	
	,	·	•	
For further information concerning this	matter, plea	se call:		
Norma Ortiz		at (	684 0858	
Name of Contact Persor	)	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following as	mount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □\$43.75 Fi Certificate	ling Fee & e 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			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Florida Everglades Transport Inc			15 JUL -6 PM 1:41
(Name o	of Corporation as curre	ntly filed with the Florida Dept	
P13000083884			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, the	s Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1156 Hookers Point Road	
		Clewiston Fl 33440	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		1156 Hookers Point Road	
		Clewiston Fl 33440	
D. If amending the registered agent an new registered agent and/or the new			ne of the
Name of New Registered Agent	f New Registered Agent Norma Ortiz.		
			<del></del>
		street address)	22440
New Registered Office Address:	1156 Hookers Point Road Clewiston (City)		, Florida (Zip Code)
	(0.0)		(Esp Cour)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
l hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligation.	s of the position.
, A	Alexander 1		
<u> </u>	Signature of New	Registered Agent if changing	<u> </u>

## 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	<u>Address</u>
1) Change	P	Angel Gil	8630 Byron Ave Apt 2a
Add			Miami Beach FL 33141
X Remove			
2) Change	<u>P</u>	Norma Ortiz	1156 Hookers Point Road
X Add			Clewiston Fl 33440
Remove			
3 ) Change	VP	Marlen Cruz	1550 Old US Hwy 27 Lot 112
X Add			Clewiston Fl 33440
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
****	
	+ · · · · · · · · · · · · · · · · · · ·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, malcale 1471)	

The date of each amendment(s) ad	option:	if other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :		OF CORPORATIONS
	(no more than 90 days after amendment file date)	15 JUL -6 PM 1:41
Note: If the date inserted in this be document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	23	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	der
07/01/2015		
Dated		
Signature X		
(By a diselected	rector, president or other officer – if directors or officers have not bee I, by an incorporator – if in the hands of a receiver, trustee, or other co ed fiduciary by that fiduciary)	
	Norma Ortiz	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	