## P13000090292

	,	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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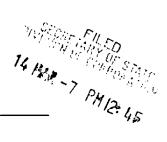
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GARCIA D BER: P1300009029	E SA TRANSPO 2	DRT, INC		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	CLEITON CARD	oso			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n		
	DOMINIUM CONSULTING SERVICES, LLC				
		Firm/ Company			
	181 S. ORANGE	AVE. STE 111	0 NORTH TOWER		
		Address			
	ORLANDO-FL-32	2801			
		City/ State and Zip Cod	е		
CLI	EITONCARDOSC	MN@YAHOO.0	COM		
		sed for future annual report			
For further information	n concerning this matter, pleas	se call:			
CLEITON CA	RDOSO	at (407	7609614		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
	ling Address		Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
1 allaliassee, FL 32314		Taliahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



## GARCIA DE SA TRANSPORT, INC

(Name of Corporation as currently filed with the Florida Dept. of State)  P13000090292  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the staticles of Incorporation:  A. If amending name, enter the new name of the corporation:  DE SA TRANSPORTS, INC  name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation in word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	The new or the abbreviation
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s. Enter new principal office address, it applicable:	
	Table 14 April 14 Apr
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
	<del></del>
<ol> <li>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;</li> </ol>	<u>ıe</u>
NI/A	
Name of New Registered Agent N/A	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zi	o Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	nagisian

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		•••		
Add Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		Factor in the control of the control
Add				
Remove				···
6) Change	<del></del>	_		
Remove				

. <u>II an</u> Attac	mending or adding additional Articles, e ach additional sheets, if necessary). (Be .	enter change(s) nere: specific)
V/A	•	•
		_
pro	n amendment provides for an exchange, ovisions for implementing the amendmen (if not applicable, indicate N/A)	reclassification, or cancellation of issued shares, nt if not contained in the amendment itself:
···		
	14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

The date of each amendment(s) adoption: 03/03/2014	, if other than th
date this document was signed.	,
Effective date if applicable: 03/03/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been	
Signature Monign Misch	
	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Monique Asignil Silvano de Sa (Typed or printed name of person signing)	
(Typed or printed name of person signing)	<del></del>
Poesickn+ (Title of person signing)	
(Title of person signing)	<del></del>