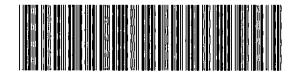
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Amend 101.29.14

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: KSMR TRANSPORTATION INC DOCUMENT NUMBER: P13000101257 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KIRK RUSSELL Name of Contact Person Firm/ Company 2351 W ATLANTIC BLVD POMPANO BEACH FL 33066 City/ State and Zip Code **BCPLINC@LIVE.COM** E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. at (850 ) 4210552

Area Code & Daytime Telephone Number **ELISA JACKSON** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

### Articles of Amendment to Articles of Incorporation of

KSMR TRANSPORTATIO INC	To the Day of Co. A.
(Name of Corporation as currently filed with the P13000101257	e Florida Dept. of State)
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable:	2351 W ATLANTIC BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	POMPANO BEACH FL 33066
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(thing and on <u> be in the Bon</u> )	
	<del></del>
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>1685:</u>
Name of New Registered Agent	<del></del>
(Florido	street address)
	,
New Registered Office Address: (C.	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	
Signature of New Registere	ed 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.

X Remove         Y         Mike Jones           X Add         SV         Sally Smith           Type of Action (Check One)         Title         Name         Adddress           (Check One)         S         CLAUDIA SABIO         2351 W ATLANTIC BLVD           POMPANO BEACH FL         330 W G           POMPANO BEACH FL         330 W G           Add	Example: X Change	<u>PT</u>	John Doe	
X Add   SV   Sally Smith	X Remove	<u>v</u>	Mike Jones	
(Check One)         S         CLAUDIA SABIO         2351 W ATLANTIC BLVD           POMPANO BEACH FL 330 U U         POMPANO BEACH FL 330 U U         POMPANO BEACH FL 330 U U           Remove         Add         Remove         Remove           3)         Change         Change         Change         Add           Add         Remove         Remove         Change         Change           Add         Remove         Change         Change         Change           6)         Change         Change         Change         Change         Change         Change				
Change S CLAUDIA SABIO  Add POMPANO BEACH FL 330 U U  Remove  Change Add Remove	Type of Action (Check One)	Title	<u>Name</u>	Address
Add	<del></del>	S	CLAUDIA SABIO	2351 W ATLANTIC BLVD
2)				POMPANO BEACH FL 330 LE 4
Add         Remove         3)       Change         Add       Remove         4)       Change         Add       Remove         5)       Change         Add       Remove         6)       Change	Remove			
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lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
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date this document was signed.	doption:	if other than
Effective date if applicable:		
епесиче date <u>и аррисаніе</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 01/29/2	014	
	cudu Sal.	<del></del>
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	CLAUDIA SABIO	
	(Typed or printed name of person signing)	<del></del>
	S	<del></del>
	(Title of person signing)	