## P1400000560

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO		RANSPORT	<u></u>		
<b>DOCUMENT NUMBER:</b> P14000000560					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	AMANDA JARAMILLO				
		Name of Contact Persor	1		
	J.A. ACCOUNTING SERVICES INC				
		Firm/ Company			
	8249 NW 36 ST # 209-A				
	Address				
	DORAL FL, 33166				
	City/ State and Zip Code				
	adalama@hatmaall aam				
amar	ndajara@hotmail.com	sed for future annual report	maticinates)		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
		at (	)		
Name	of Contact Person	Area Co	)de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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)		
Am Div	iling Address endment Section ision of Corporations b. Box 6327	Amend Divisio	Address ment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



MYCAR AUTO TRANSPORT, INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P1400000560	ည်
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	porațion:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	, Florida
Non-Basis and Assay Simoton if houses Decis	ntanad Agants
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture 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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	YOEL S RAMOS	14490 SW 162 STREET
X Add			MIAMI, FL 33177
Remove			
2) Change	VP	LESLEY M PEREZ	14490 SW 162 STREET
X Add			MIAMI, FL 33177
Remove			
3 ) Change			
Add		,	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
W	
<u></u>	
i an amandment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	<del></del> -
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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.	
JUNE 7, 2016	
Dated	
Signature M	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LESLEY M PEREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	