P14000003054

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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(Do	ocument Number)	
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14 FEB 26 AH IO: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 2 7 2014 C. CARROTHERS

COVER LETTER

·.. ;

TO: Amendment Section
Division of Corporations

Division of Corporations	· · · · · · · · · · · · · · · · · · ·		
	RANSPORT USA CORP		
DOCUMENT NUMBER: P14000003	054		
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
YORDANYS G	BUTIERREZ		
D & J TRANSF	Name of Contact Person PORT USA CORP		
2768 SW 10 T	Firm/ Company ER # 5		
MIAMI, FL 331	Address 35		
	City/ State and Zip Code		
BCSCTEAM@GM	AIL.COM		
E-mail address: (to b	pe used for future annual report notification)		
For further information concerning this matter, p	please call:		
	at ()		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:		
\$35 Filing Fee Certificate of State			
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		

Articles of Amendment to Articles of Incorporation of

FILED

(1742	Transpor	AEN 1	Caro	14 FEB 26 A	10: 58
(Name of Corpo	ration as currently fil	ed with the Floric	a Dept. of State)	050007101/23	15 apr g = 5 yr
	PIÚ	20000 30°	54 L	•	SECRETARY OF TALLAHASSEE, E	
	(Document Number of	Corporation (if kno	own)		
Pursuant to the parties of In		tion 607 .1006, Florida	Statutes, this Flor	lda Profit Çarpora	ation adopts the following	g amendme n t(s) t
A. <u>If amending</u>	z name, enter th	e new name of the co	rborațion:			
						The new
word "chartered B. Enter new p	d," "professiond principal office	he designation "Corp, al association," or the d address, if applicable: FBE A STREET ADD	abbreviation "P.Ą. <u>.</u>	A professional o	corporation name must	contain the
C. Enter new (Mailing ad	malling addres Idress <u>MAY BE</u>	s, if applicable: <u>A POST OFFICE BO</u>	<u>x</u>),			- - -
new registe	g the registered red agent and/o	agent and/or register or the new registered	ed office address office address:	in Florida, enter t	he name of the	
<u>range</u>	OF THE IT INCESTIGITED		**************************************			
			(Florida street a	ddress)		
Now P	<u>egistered Office</u>	Addrass	•	, ;	Florida	
iven A	ermeren omice	ziuui çag.	(City)	, •	(Zip Code)	-
New Registere I hereby accept	d Agent's Signs the appointmen	nture, if changing Reg t as registered agent.	istered Agent: I am familiar with	and accept the obl	ligation s of th e posit ion .	
					· · · · · · · · · · · · · · · · · · ·	
		Signature of No	nu Praistored Age	at If chanaina		

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			
-		Jahn Doe			
X Remove	Ÿ	Mike Jones			
X Add	<u>SV</u>	Sally Smith	·		
Type of Action (Check One)	Title	Name	Address.		
1) Change	P	YORDANYS GUTIERREZ	2768 SW 10 TER APT 5		
Add			MIAMI, FL 3313 5		
Remove					
2) Change	VΡ	JORGE L GUTIERREZ	2768 SW 10 TER APT 5		
✓ Add			MIAMI, FL 3313 5		
Remove		· 4 ·			
3) Change	Р	JOSE L GUTIERREZ	2768 SW 10 TER APT 5		
Add			MIAMI, FL 33135		
Remove					
4) Change	VP	DIANA M DUGUE	2768 SW 10 TER APT 5		
Add	•		MIAMI, FL 33135		
Remove					
5) Change					
Add			·		
Remove					
6) Change					
Add					
Remove					

	is, if necessary).	(Be specific)		
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an amendment pro	vides for an exch	nange, reclassification	. or cancellation of iss	ued shares.
an amendment pro	vides for an excl	nange, reclassification	, or cancellation of issued in the amendment	ued shares,
provisions for imple	menting the ame	nange, reclassification indment if not contain	or cancellation of isseed in the amendment	ued shares, itself:
an amendment pro provisions for imple (if not applicable	menting the ame	nange, reclassification endment if not contain	, or cancellation of iss led in the amendment	ued shares, itself:
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provisions for imple	menting the ame	nange, reclassification	ed in the amendment	itself:

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(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)	
(voling 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.	
Dated 02/13/2014 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
YORDANYS GUTIERREZ	
(Typed or printed name of person signing)	
(Title of person signing)	

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SECRETARY OF STATE
ANALYSIS FI ORIDA