P140000555

(Re	equestor's Name)		
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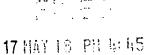
TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:	ber Transport	Inc.	
DOCUMENT NUMBER:	14000006555		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
	(.		
	Name of Contact Person		
	Name of Contact Person	า	
Sober	- Transport li	<u>nc.</u>	
	Firm/ Company	:	
4818	Address Address Address A Beach FL City/ State and Zip Code	ſ	
	Address		
Dolon	w Roach Fl	22445	
	City/ State and Zip Cod	. <i></i>	
	sachdo @ gmail used for future annual report		
94116	acrico (o) ginan		
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, ple	ase call:		
Manae Ortiz	at (954) <u>980- 0460</u> de & Daytime Telephone Number	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:	
_	_	_	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
/ Certificate of Status		Certificate of Status	
	(Additional copy is	Certified Copy	
	enclosed)	(Additional Copy is enclosed)	
Mailing Address	Street	Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Building	
Tallahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



ρ_{I}	400000655	5	
(Doc	cument Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corporation a	adopts the following amendmen
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co- word "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applica	ble:		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			WH
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)		
B. Ichard and a standard and a standard and a		- to 121-ofds - oden 4bs	of the
 If amending the registered agent and/or registered agent and/or the new registered. 	red office address:	s in Fiorida, enter the na	me of the
Name of New Registered Agent			
Hame of New Registered Agent		<u>-</u>	
	(Florida street	address)	
	·	,	F(. 1)
New Registered Office Address:	(C	'ity)	_, Florida (Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		h and accept the obligation	ns of the position
т петеоу иссерт те арронитет из тедіметей иден	i. Tum jumina wa	n unu uccepi ine oongunoi	ns of the position.

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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	SOUT Fernando Ortiz	41 Morris Aveaue Lake Crove, NY. 11755
2) Change Add		
Remove 3) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change		
Add Remove		

f amending or adding addition Attach additional sheets, if neces	sary). (Be specific	<u> </u>		
			-	
	,			
f an amendment provides for a provisions for implementing the (if not applicable, indicate in the control of th	e amendment if no	ification, or cancella t contained in the am	tion of issued shares, endment itself:	

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: 5/15/17	
(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated 5/15/17	
Signature(By a director, president or other officer – if direct	
selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	eceiver, trustee, or other court
(Typed or printed name of person	f(Z
Prosident	
(Title of person sign	ning)