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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLUE WOL	F TRANSPORT	Γ, INC			
DOCUMENT NUMBER: P140000760					
The enclosed Articles of Amendment and fee are sul	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
DON K JONES					
	Name of Contact Person	1			
252 W ARDICE A	Firm/ Company				
Address EUSTIS, FL 32726					
	City/ State and Zip Code	e			
DJSHOVELHEAD69	_				
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
DON K JONES	at (352	874-7567			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
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 Articles of Incorporation of

BLUE WOLF TRANSPORT, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P14000007600 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 <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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	HENRY SARZYNSKI	1704 MYRTLE LAKE AVE
Add			FRUITLAND PARK, FL 347
Remove			
2) Change	D	MISTY LaFORCE	1704 MYRTLE LAKE AVE
Add			FRUTLAND PARK, FL 347
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
if an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
,	

The date of each amendment(s) adopti	on:	, if other than the
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 03/24/2014		
Signature	Imac.	
selected, by	p, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
DO	N K JONES	
·	(Typed or printed name of person signing)	_
PR	ESIDENT	
	(Title of person signing)	_