P1400000796a

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	LEMA & SONS T	RASNPOF	RT, INC
DOCUMENT NUMBER:	Р	14000007962		
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing	ζ.	
Please return all correspond	ence concerning this ma	tter to the follow	ing:	
		ALAN MARTINI	EZ	
	<u></u>	Name of Con	tact Persor	1
		SIMPLEX	X GROUP	
		Firm/ Co	mpany	
		5800 NW 74	TH AVE	
		Addr	ess	
		MIAMI, FL	33166	
		City/ State an	d Zip Code	2
	ama	artinez@simplexg	roup.net	
	E-mail address: (to be us	sed for future ann	iual report	notification)
For further information con	cerning this matter, pleas	se call:		
ALAN MARTINEZ	/ SIMPLEX GROUP	at (599-8287
Name of Co	ntact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Flo	orida Depa	irtment of State:
□ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	∑\$43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division (P.O. Box	ent Section of Corporations		Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LEMA & SONS TRASNPORT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State). P14000007962 (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: **LEMA & SONS TRANSPORT INC** 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) , Florida New Registered Office Address: (City) 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 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: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\overline{\lambda}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	-
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate NA)	endment if not contained in the amendment itself:
	

The date of each amendment(s) a	dontion: 6/27/17	, if other than the
date this document was signed.	soption.	
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendrafficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	cholder
☑ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	ler
Dated 6/27/ Signature	17 ×	
(By a c	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or othe sted fiduciary by that fiduciary)	
	CARLOS M LEMA MARTINEZ	
	(Typed or printed name of person signing)	
	 PRESIDENT	
	(Title of person signing)	
	(time or become significant	