LAXMY'S*CARRIER

Ø 001/006 Page 1 of 1

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007

Phone : (305)640-0281

Fax Number

: (305)640-0282

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN JENA TRANSPORT CORP

| Certificate of Status | 0 |
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C. CARROTHERS

3/20/2014

COVER LETTER

| TO: Amendment Sect Division of Corpo | | \ | | |
|---|--|--|--|--|
| NAME OF CORPOR | RATION: JENA TRA | | <u> </u> | |
| DOCUMENT NUMI | BER: P1400001238 | ·1 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | pondence concerning this ma | iter to the following: | | |
| | ROBERTO GAR | CIA | | |
| | | Name of Contact Person | n | |
| | JENA TRANSPO | RT CORP | | |
| | | Firm/ Company | | |
| | 5431 W 4TH LN | | | |
| | | Address | | |
| | HIALEAH FL 330 | 12 | | |
| | _ | City/ State and Zip Cod | u — | |
| lax | myc2001@yahoo. | .com | | |
| | | sed for future annual report | nolification) | |
| | | · | | |
| For further information | n concerning this matter, pleas | se call: | | |
| LAXMY CHA | CON | 305 | , 640-0281 | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount made t | ouyable to the Florida Dopa | irtment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | ling Address | | Address | |
| | ndment Section sion of Corporations | | ment Section | |
| | Box 6327 | Division of Corporations Clifton Building | | |
| Talla | ilinssee, Ff. 32314 | 2661 F. | xecutive Center Circle asec, FL 32301 | |

Articles of Amendment to
Articles of Incorporation 14 MAR 20 AM 8: 32

CHARLES AND A SERVE

| | of | SEURETARY OF STATE |
|--|--|--|
| JENA TRANSPORT CORP | | TALLAHASSEE, FLORIDA |
| (Name of Corporation as curren | ntly filed with the Florida Dept. of State) | , |
| P14000012381 | | |
| (Document Num | ber of Corporation (il'known) | |
| Pursuant to the provisions of section 607,1006, I its Articles of Incorporation: | Florida Statutes, this Florida Profit Corpor | ution adopts the following amendment(s) |
| A. If amending name, enter the new name of | the corporation: | |
| | | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or | "Corp." "Inc." or "Co". A professional | 'incorporated" or the abbreviation corporation name must contain the |
| B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u> T | | |
| | | |
| • | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFIC | <u></u> | |
| | | |
| | | |
| D. If amending the registered agent and/or re | egistered office address in Florida, enter | the name of the |
| new registered agent and/or the new regis | tered Office address: | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | Florida |
| | (Chy) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changin I bereby accept the appointment as registered as | ie Registered Agent: gent. I am familiae with and accept the ab | ligations of the position, |
| V: | and Mann Dominton and desert Martines | |
| Signanire | e of New Registured Agent, if chonging | |

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. Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sully Smith, SV as an Add.

| Example: X Change | <u>1'9</u> | John Dog | | | |
|----------------------------|--------------|------------------|------------------|--|--|
| X Remove | <u>v</u> | Mike Jones | | | |
| _X ^dd | <u>8V</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | | |
| 1) Change | P | ROBERTO GARCIA | 5431 W 4TH LN | | |
| Add | | | HIALEAH FL 33012 | | |
| Remove | | | | | |
| 2) Change | Р | YANIEL GARCIA | 5431 W 4TH LN | | |
| Add | | | HIALEAH FL 33012 | | |
| Remove | VD | OUDISTIAN CARCIA | 5431 W 4TH LN | | |
| 3) Change | VP | CHRISTIAN GARCIA | | | |
| Add | | | HIALEAH FL 33012 | | |
| Remove | | | , | | |
| -1) Change | | | | | |
| ☐ ∧dd | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | · | | |

| | litional sheets | i, if necessary). | . (Be specifi | hange(s) bere: c) | | | |
|-----------------------|---------------------------------|--------------------------------|---------------|--|------------------|---------------|--|
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| an amen | dment provi | des for an exe | hange, reclas | sification, or co | nncellation of i | saucd shares, | |
| irovisium: (if not | s tor implem I applicable, i | enting the am Indicate N/A) | enament il ag | t contained in | the amendmen | t itself: | |
| • | 4.4 | ,, | | | | | |
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| The date of each amendment(s) adoption: 03/14/2014 | , if other than the |
|--|----------------------------|
| dute this deciment was signed. | |
| Effective date <u>if applicable</u> : 03/14/14 | |
| (no more than 90 days after amendment fi | lle date) |
| Adoption of Amendment(s) (CHECK QNE) | |
| The amendment(s) was/vere adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval. | the amendment(s) |
| The amendment(s) was/were approved by the shareholders through voting groups. The jums to be separately provided for each voting group entitled to vote separately on the am | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | • |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. | on and shareholder |
| The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required. | d sharchuld e r |
| Dalcd 03/14/2014 | |
| Datch | |
| Signature | |
| (By a director, president or other officer - if directors or officer | s have not been |
| selected, by an incorporator — if in the hands of a receiver, trust appointed fiduciary by that (iduciary) | lee, or other court |
| ROBERTO GARCIA | |
| (Typed or printed name of person sign | ning) |
| PRESIDENT | |
| (Title of person signing) | |

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SECRETARY OF STATE
SECRETARY OF STATE