## P14000047260

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314 5

Division of Corporations NAME OF CORPORATION: OBBA ORCHIDS R US DOCUMENT NUMBER: P14000047260 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YANETT VALCARCEL Name of Contact Person OBBA ORCHIDS R US Firm/ Company 6753 NW 188th TERR Address MIAMI GARDENS, FL 33015 City/ State and Zip Code PITRIN@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 315 3509

Area Code & Daytime Telephone Number YANETT VALCARCEL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

OBBA ORCHIDS R US. (Name of Corporation as currently filed with the Florida Dept. of State) P14000047260 (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: OBBA 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 <u>MUST BE A STREET ADDRESS</u>) 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: Florida 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: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	_Title		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove		,		·		
2) Change Add		_				
Remove						
3) Change						
Add						
Remove						
4) Change		-				
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: March 15, 2015	, 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 adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated March	Jully	
(By a c	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	<del></del>
	YANETT VALCARCEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	