## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Account Number: I19990000017

Phone

: (305)485-9300

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Articles of Am	endment 6
it Articles of laws	
Articles of Inco	rporsum G
DIND'S TRUSPORT HOA TAIN	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P4000050464	· ·
(Document Number of C	Orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	foride Profit Corporation adopts the following amendment(s) to
A. If omending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	"company," or "incorporated" or the abbreviation  or A professional corporation name must contain the
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)	The state of the s
D. If amending the registered agent and/or registered office address	is in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent March 1 11(0)	()
10700 N.W.21 a	T Couth
(Florida street	
New Registered Office Address:   Midful	(11) Fincida 331762 (21) (21) (21) (21)
(4)	(Zip Code)
1	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.
X Naria A. Arises. Signature of New Reg	sistered Agent, if changing

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Executive Officer; CFO = held, President, Treasures	if necessivector title President. = Chief F r, Directo in the fol-	ory)  by the first letter of the  Treasurer; S= Sec  inancial Officar. If an  would be PTD.  lowing manner, Curren  proporation, Sally Smith i	retary: D= Director; IR= officer/director holds more olly John Foe is litted as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Miks Jones is listed as the V. There is should be nuted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		· ·
X Remove	Y	Mike Jones		
<u>X</u> Add	şy.	Sally Smith		
Type of Agricon (Check One)	Title	Name	n	Address
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Add				Miane, F1 33172
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2) Charigo	B	Maria 1	1 Arias	10800 NW STOT Heat A
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The date of each amendment(s) at date this document was signed.	loption:		, if other than the
Effective date <u>if applicable</u> :			
	" (no more than 90 do	iys after amendment file date,	·
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable partment of State's records.	e statutory filing requirements, this de	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
(A) The amendment(s) was/were add by the shareholders was/were su		mber of votes cast for the ame aliment(	<b>*</b> )
The amendment(s) was/were app must be separately provided for	roved by the shareholders through each voling group entitled to vote	voting groups. The following statem separately on the amendmen(s):	ent
"The number of votes cast	for the amendment(s) was/were su	fficient for approval	
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	(voting group)		
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The amendment(s) was/were ado action was not required.	pted by the incorporators without	shareholder action and shareholder	•
	1/00 M		
Signature	- Committee -	if directors or officers have not been	<del></del>
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	od fiduciary by that fiduciary)		•
	X Dino Jime	me2	
·	(Typed or printed name	of person signing)	,
	x President		
·	Cliffe of pe	renn siming)	**************************************