# 71400053915

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

·	
NAME OF CORPORATION: DISCOVERY TRANSPORTA	ATION LOGISTICS INC
DOCUMENT NUMBER: P1400053915	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	<u>;</u> ;
ISRAEL HEREDIA	
Name of Contac	et Person
DISCOVERY TRANSPORTATI	ON LOGISTICS INC
Firm/ Comp	pany
2748 PALM ISLE WAY	
Address	S
ORLANDO, FL 32829	
City/ State and 7	Zip Code
iheredia7@gmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, please call:	
ISRAEL HEREDIA at 40	7 , 276-1374
	Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

**□**\$43.75 Filing Fee & Certificate of Status

□\$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** to Articles of Incorporation

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## DISCOVERY TRANSPORTATION LOGISTICS IN CLARASSET

(Name of Corporation as currently filed with the Florida Dept. of State)

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idment(s) to

(Document Number	of Corporation (if know	vn)	
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	ida Statutes, this <i>Florid</i>	la Profit Corporation add	opts the following amend
If amending name, enter the new name of the	corporation:		
ame must be distinguishable and contain the w	loud "cornoration" "	company or "incorpor	The i
Corp.," "Inc.," or Co.," or the designation "Co cord "chartered," "professional association," or ti	rp," "Inc," or "Co".	A professional corporat	ion name must contain
. Enter new principal office address, if applical	ble:		
Principal office address <u>MUST BE A STREET Al</u>	DDRESS )		
	_		
	_		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	POV.		
(muning unuress MAT BE A POST OFFICE E	<u></u>		
	<u></u> -		
. If amending the registered agent and/or regis		Florida, enter the name	e of the
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent			
	(Florida street ad	dress)	
Name Burginson of Office Addresses	·	,	
New Registered Office Address:	(City)	, Florida	(Zip Code)
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	legistered Agent: t. I am familiar with a	nd 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>oc</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		JUAN CAMILO HEREDIA	2748 PALM ISLE WAY
Add				ORLANDO, FL 32829
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	****	_		
Add				**************************************
Remove				

<u>lf am</u> Attac	nending or adding additional Articles, enter the additional sheets, if necessary). (Be spec	<u>r change(s) here</u> : rific)
		<del></del>
		_
	<u> </u>	
	<del></del>	
lf an	amendment provides for an exchange, recl	lassification, or cancellation of issued shares,
prov	visions for implementing the amendment if (if not applicable, indicate N/A)	not contained in the amendment itself:
		,

The date of each amendment(s) adoption: 09/23/2014	, if other than the
date this document was signed.	, if other man the
Effective date if applicable: 9/23/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	lent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/23/2014	
Signature Suusii )	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
ISRAEL HEREDIA	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	