## PUDOOGE

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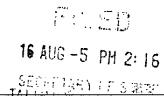
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: UNICAR TRANSI	PORT COMPANY CORP		
DOCUMENT NUMBER: P14000061644				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this man	tter to the following:		
	NINOTCHKA HECHT			
		Name of Contact Person	1	
	JUST HIGH TECH CORP			
•		Firm/ Company		
	10544 NW 26TH ST SUITE	E-204		
		Address		
	DORAL FL 33172			
	•	City/ State and Zip Code		
asiste	entemiami@gmail.com			
E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, pleas	se call:		
NINOTCHKA HECI	НТ	786	7622048	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Street	Address	
	endment Section	Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



to

UNICAR TRANSPORT COMPANY CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P14000061644		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
3. Enter new principal office address, if applicable:	130 S INDIAN RIVER DR	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 202	
	FORT PIERCE, FL 34950	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 S INDIAN RIVER DR	
	SUITE 202	
	FORT PIERCE FL 34950	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
N/A	. <u></u>	
Name of New Registered Agent		
N/A	street address)	
New Registered Office Address:	, Florida	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia		
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>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3) Change				
Add		<del></del>		
Remove				
4) Change		<del>-</del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				_

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
<del></del>	
F. <u>If an a</u> provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:
(	if not applicable, indicate N/A)
N/A	
**	

A Committee of the Comm	08/01/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
08 Effective date <u>if applicable</u> :	01/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and sharehol	lder
08/01/20 Dated	6	
Signature	Thankerti	
(By a selec	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that fiduciary)	
	IVAN TKACHENKO	
	(Typed or printed name of person signing)	
	C00	
	(Title of person signing)	