## P14000069341

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECUL TARY OF STATE OF STATE OF CORPORATIONS

14 SEP 12 PM 1: 04

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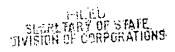
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: REFINE A DOCUMENT NUMBER: P140000693		ORT INC.
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
YOELMIS M. PE	ENATE	
REFINE AUTO	Name of Contact Persor TRANSPORT	_
8901 NW 178 S	Firm/ Company STREET	
HIALEAH GARI	Address DENS, FL 330  City/ State and Zip Code	
SUPRAL15@HOTI E-mail address: (to be us		
For further information concerning this matter, pleas	ee call:	
YOELMIS M. PENATE	at (786	353-2468
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



14 SEP 12 PM 1:04

## REFINE AUTO TRANSPORT INC.

P1400069341	ida Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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.  B. Enter new principal office address, if applicable:	". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	

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
	(City)	(Zip Code)

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.

X Change	<u>PT</u>	John Doe	•	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>N</u> a	ame	Address
1) Change	V	<u>J</u>	ORGE REYES MORENO	8901 NW 178 STREET
Add				HIALEAH GARDENS, FL
Remove				33018
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
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5) Change		_		
Add				
Remove				
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	nange, reciassim	<u>cation, or cancell</u>	ation of issued sna	res.
provisions for implementing the am	endment if not co	ontained in the a	<u>nendment itself:</u>	
If an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	endment if not co	ontained in the a	nendment itself:	
provisions for implementing the am	endment if not co	ontained in the a	nendment itself:	
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provisions for implementing the am	endment if not co	ontained in the a	nendment itself:	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not co	ontained in the a	nendment itself:	
provisions for implementing the am	endment if not co	ontained in the a	nendment itself:	

The date of each amendment(s) adoption: SEPTEMBER 8, 2014 date this document was signed. SEPTEMBER 8, 2014 Effective date if applicable: (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(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (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 court appointed fiduciary by that fiduciary) YOELMIS M. PENATE (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)