Mar. 2. 2015 4:12PM Division of Corporations



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000053383 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: A & L CARRIER SERVICES INC. Account Name

Account Number : I20110000033 Phone

: (786) 360-2879

Fax Number

: (786) 362-5270

the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: INFO@a/CarrierServices.Con

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JDD TRANSPORT INC.

Certificate of Status	0
Certified Copy	0 ·
Page Count	01
Estimated Charge	\$35.00

C. CARROTHERS

## **COYER LETTER**

TO: Amendment Section

SPORT INC					
0					
er to the following:	•				
Name of Contact Person	1				
	·				
Firm/ Company					
2710 W 10 AVE APT 8					
010 .					
City/ State and Zip Code	<b>t</b>				
INFO@ALCARRIERSERVICES.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
<sub>at (</sub> 786	360-2879				
Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)				
	Address ment Section				
	Pirm/ Company APT 8  Address Area Cod Are				

Division of Corporations P.O. Box 6327 Taltahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment		
to Articles of Incorporation	PER S	2
JDD TRANSPORT INC		43
(Name of Carnoration as currently filed with the Florida Dept. of State)		
P14000101930		)
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation as its Articles of Incorporation:		to
A. If amending name, enter the new name of the corporation:		
	The new	
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)  D. If amending the registered agent and/or registered office address in Florida, enter the namew registered agent and/or the new registered office address:	ne of the	
Name of New Registered Agent	_	
	-	
(Florido stren 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 obligation  Signature of New Registered agent, if changing	is of the position.	
OF THE PROPERTY OF THE PROPERT		

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:		ny Shiun, St as an Ada.	•
X Change	<u>PT</u>	John Doe	•
X Remove	<u>v</u>	Mike Janes .	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	Р	GINLEIR PEREZ	2710 W 10 AVE APT 8
Add			HIALEAH, FL 33010
Remove		•	
2) Change	VP	JOSUE A ORTA LOPEZ	2710 W 10 AVE APT 8
Add Add			HIALEAH, FL 33010
Remove			
3) Change	P	JOSUE A ORTA LOPEZ	2710 W 10 AVE APT 8
Add			HIALEAH, FL 33010
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			•
Remove	•		
6) Change			
Add			
Remove			

ttach <i>additi</i>	or adding additional onal sheets, if necessa	ny). (Be sp	ecific)			
			<del></del>			
	· · · · · · · · · · · · · · · · · · ·					
						•
		,				
, 	· · · · · · · · · · · · · · · · · · ·	·		•.' •		·
						·····
<b></b>			,			•
· · · · · ·	·				,	
		•			····.	
rovisions f	nent provides for an or implementing the opplicable, indicate N/A	amendinent i	classification If not contain	, or cancellat	don of issue endment its	d shares, elf:
			<del></del>			
•						
-					•	
					•	

The date of each amendmen	t(s) adoption: 03/02/2015	, if other than the
date this document was signed	i.	
Effective date if applicable:	03/02/2015	•
<u>n uppronun</u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	a cast for the amendment(s) was/were sufficient for approval	
by	St.	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer	re adopted by the incorporators without shareholder action and shareholder	
Dated_03/0	02/2015	
se	y a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	GINLEIR PEREZ	_
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	