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APR 0 1 2015 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: BL TRANS	PORT INC			
DOCUMENT NUMBER	D4500004400				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
_		ALBA E VIVAR			
		Name of Contact Person	n		
	MIAMI DISPATCH & CARRIER SERVICE				
		Firm/ Company			
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	Address				
	HIALEAH GARDENS, FL 33016				
	City/ State and Zip Code				
•					
	T mail adduses (so be "	- 1 6 6 to	- Continu		
	E-mail address: (to be us	sed for future annual report	notification)		
f For further information co	oncerning this matter, pleas	e call:			
ALBA E VIVAF	₹	at (305	822-0255		
Name of (	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the	e 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		
Amendment Section		Amendment Section			
	n of Corporations ox 6327	Division of Corporations			
	ssee, FL 32314	Clifton Building 2661 Executive Center Circle			
	, - <del></del> , -	Tallahassee, FL 32301			

## **Articles of Amendment** to Articles of Incorporation

	BL TRANS	SPORT INC	
(Name of Corporation as	currently filed with the	Florida Dept. of State)	<del>-</del>
	P150000	011825	
(Documer	nt Number of Corporation (	(if known)	<del>-</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:  A. If amending name, enter the new na		Florida Profit Corporation adopts the followi	ng amendmetri(s) to
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or		confain the 克 芝生 <b>心</b>
B. Enter new principal office address,		20010 EAGLES NEST RE	J >=" —
(Principal office address MUST BE A S	TREET ADDRESS )	MIAMI, FL 33189	
C. Enter new mailing address, if applicable:		20010 EAGLES NEST RE	_
(Mailing address MAY BE A POST		200 TO EAGLES NEST RE	<del>,</del>
		MIAMI, FL 33189	<del></del>
D. If amending the registered agent an			_
new registered agent and/or the new		s: RITES RAMIREZ	
Name of New Registered Agent		<del></del>	
	20010 EAGLES		
		reet address)	
New Registered Office Address:	MIAMI	Florida 33189	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		t: with and accept the obligations of the position.	

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ines</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PT	_	BENJAMIN LORITES	2230 SW 91 AVE
Add				MIAMI, FL 33155
Remove				
2) Change	PT	<del></del>	YOSVANY LORITES RAMIREZ	20010 EAGLES NEST RD
Add				MIAMI, FL 33189
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			•	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
· · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<del></del> ·

The date of each amendment(s) adoption: 03/23/2015	, if other than the
date this document was signed.	
Effective date if applicable: 03/23/2015	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
by"  (voting group)	
(voling 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.	·
Dated 03/23/2015	
Signature Pronformin Society	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BENJAMIN LORITES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	