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Office Use Only



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FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE

64:11 HB 6-

JUL 1 4 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
NAME OF CORPORATION: Transexport USA Inc	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Billy Calderon Name of Contact Person Transex port USA Inc Firm/ Company 7241 NW 54 St Address Liami, Fl. 33166 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	rsexiacīvsa.
For further information concerning this matter, please call:	
Name of Contact Person at (786) 339-5724 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

FILING CANCELLED Articles of Amendment RETURNED CHECK

to ' **Articles of Incorporation** of

Transex port USA	filed with the Florida Dept. of State)
_	
P15000166 (Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	The new T
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 "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7241 NW 54 54 TO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7241 NW 545t. Miami, Fl, 33166
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ess in Florida, enter the name of the
7241 NW (Florida stre	54 st et address)
New Registered Office Address:	City), Florida 33 166 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered Agent:	ith and accept the obligations of the position. egistered 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:				EH DIG G		
X_Change	<u>PT</u>	John Doe	<u>2</u>	FILING CANCELLED		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	RETURNED CHECK		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change	工	_ (Elizabeth	Valbuera	5065 NW 74 AVC	
Add					#10, Womi, F1, 3316	
Remove						
2) Change		_				
Add						
Remove					·	
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change	-					
Add					·	
Remove						
6) Change		_				
Add						
Remove						

FILING CANCELLED RETURNED CHECK

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	KETUKNED CHEC
·		
		<u></u>
.		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancella	tion of issued shares,
(if not applicable, indicate N/A)	ndinent if not contained in the ani	enument usert.
	, <u>.</u>	
···	10 400 400	
		

The date of each amendment(s) adoption: (8) 04/06/2015	, if other than the
late this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l not be listed as the
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	
by" (voting group)	
(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.	
Dated & 05/12/2015 Signature & January	
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)	
Billy calderon	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	

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