# P15000017633

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MERX INT	ERSTATE TRAI	NSPORT INC
	<sub>BER:</sub> P1500001763		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	KENNY SOSA		
		Name of Contact Person	n
	MERX INTERST	ATE TRANSPO	RT INC
		Firm/ Company	
	8004 SW 149 AC	E C210	
		Address	
	MIAMI, FL 33193	}	
		City/ State and Zip Cod	e
KE	NNYGSOSA85@	GMAIL.COM	
-		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KENNY SOS	SA .	<sub>at (</sub> 786	, 405-4195
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	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 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 APR 16 AM 9:31

### MERX INTERSTATE TRANSPORT INC

(Name of Corporation as currently filed with	h the Florida Dept. of State)
P15000017633	
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	ion:
	The new
	poration." "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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 new registered agent and/or the new registered office a	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
Signature of New Regis	stered 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	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	Р	<u> </u>	KENNY SOSA	8004 SW 149 ACE C210	
Add				MIAMI, FL 33193	
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if necessary,	ticles, enter change(s) her . (Be specific)	
•	<del></del>	
<del> </del>		
<del></del>		
	•	
an amendment provides for an ex	change reclassification of	cancellation of issued shares
provisions for implementing the an	endment if not contained	in the amendment itself:
(if not applicable, indicate N/A)		<del> </del>

The date of each amendment(s) adoption: 02/23/2015	DIVISION OF CORPORATION: if other than the
date this document was signed.	15 APR 16 AM 9:31
Effective date if applicable: 02/23/2015	15 AFK 10 AD 3.31
	vs after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The nur by the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	· · · · · · · · · · · · · · · · · · ·
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.  The amendment(s) was/were adopted by the incorporators without	
action was not required.	stateholder action and stateholder
Dated 04/10/2015	
Signature All Signature	
(By a director, president or other officer – selected, by an incorporator – if in the had appointed fiduciary by that fiduciary)	
KENNY SOSA	
(Typed or printe	ed name of person signing)
PRESIDENT	
(Title o	f person signing)