P/5000020618

(Re	equestor's Name)			
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phor	ne #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Na	ame)			
(Do	ocument Number	*)			
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
		with			

Office Use Only



100275603571

100275603571 03/30/15-01016-001 **35.00

15 AUG -4 PH 1: 41
15 AUG -4 PH 1: 41
15 AUG -4 PH 1: 41

AUG 0 6 2015

D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2015

FRANCES MENDEZ PO BOX 17006 WEST PALM BEACH, FL 33416

SUBJECT: 48 STATES CARRIERS CORP

Ref. Number: P15000020618

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call # (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 615A00010424

This filing is correct. Owner need to be Added

15 JUN 19 PH 1: 18

COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: 48 States Carriers Corp DOCUMENT NUMBER: PISOCOCO 20618							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Contact Person Dasning Transported Solutions Firm/ Company P.O. Box 17006 Address W. P.B. FL 33416 City/ State and Zip Code E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Contact Person Name of Contact Person 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 □ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional Copy (Additional Copy							

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

is enclosed)

Articles of Amendment

rporation
ovriers Corp
filed with the Florida Dept. of State)
20018 Corporation (if known)
Clorida Profit Corporation adopts the following amendment(s) to
The new
" "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the P.A."
N/A
PM
ess in Florida, enter the name of the
Fig. 2 C
et address) , Florida City) (Zip Code)
ith and accept the obligations of the position. A- gistered 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 <math>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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PV	Torgel Diez	
Add		,,	COSZ calle Del Mai
Remove			W.P.B FL 3341S
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s) acd date this document was signed.	doption:	5/1/15	>	, if other than the
Effective date <u>if applicable</u> :				
	(no m	ore than 90 days after	amendment file date,)
Note: If the date inserted in this b document's effective date on the De	lock does not meet partment of State's	t the applicable statuto records.	ry filing requirement	es, this date will not be listed as the
Adoption of Amendment(s)	(CHECK C	<u>ONE</u>)		
i'he amendment(s) was/were ado by the shareholders was/were su	opted by the shareho fficient for approva	olders. The number of	votes cast for the ame	endment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment((s) was/were sufficient	for approval	
by	<u> </u>	oup)	·"	
	(voting gro	oup)		
The amendment(s) was/were add action was not required.	opted by the board o	of directors without sha	reholder action and s	hareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorpo	orators without shareho	lder action and share	holder
Dated	5/14/1- LW	<u>s</u>		
selecte		r other officer – if director – if in the hands of a stiduciary)		
	Franc.	or printed name of per	loz	
	(Typed	or printed name of per		/ 1. 6
	Power of At	Horney for!	Glorgin	son Valdes
		le of person si	gning) Pr	res/