

(Re	questor's Name)	
(110	-quotier or runnoy	
(Ac	ldress)	
•	,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		





500277775025

10/08/15-01016-016 **43.75

15 OCT -8 PX 2:21

Chag 5012

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POCHOLO	TRANSPORT	NC
DOCUMENT NUM	_{BER:} P1500002274	1	· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	KATHERINE DIA	Z	
		Name of Contact Person	1
	PRESIDENT		
		Firm/ Company	
	20300 LANI LN		
		Address	
	NORTH FORT M	YERS.FL 33917	7
		City/ State and Zip Code	
INIE		•	
INI	FO@DIRECTSOL		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
KATHERINE	DIAZ	at (239	, 443-5846
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r 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 ment Section on of Corporations Building xecutive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

15 OCT -8 PH 2: 21

POCHOLO TRANSPORT INC

THE RESIDENCE

(Name of Corporation as currently filed with the Florida Dept. of State P15000022741 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 20300 LANI LN B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH FORT MYERS,FL 33917 C. Enter new mailing address, if applicable: 20300 LANI LN (Mailing address MAY BE A POST OFFICE BOX) NORTH FORT MYERS,FL 33917 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: KATHERINE DIAZ Name of New Registered Agent 20300 LANI LN (Florida street address) NORTH FORT MYERS,FL Florida 33917 New Registered Office Address (City) New Registered Agent's Signature, if changing Registered Agent: efficient and it. I am familiar with and accept the obligations of the position. I hereby accept the appointment as n lignature of New 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 <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:		ny omin, or as an maa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ALBERTO GONZALEZ	20300 LANI LN
Add			NORTH FORT MYERS,FL
Remove			
2) Change	Р	KATHERINE DIAZ	20300 LANI LN
✓ Add			NORTH FORT MYERS,FL
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
а П а			
6) Change			
Add			
Remove			

		•		101
·				
an amendment provides for an excha	inge, reclassific	ation, or cancella	ion of issued sha	res.
rovisions for implementing the amen	dment if not co	ntained in the am	endment itself:	···········
(if not applicable, indicate N/A)				
				,,

The date of each amendment(s) adoption: 10/05/2015	, if other than the
date this document was signed.	
Effective date if applicable: 10/05/2015	
(no more than 90 days after amendment file date)	_
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)	
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_10/05/2015	
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)	
KATHERINE DIAZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<u> </u>