P150000025734

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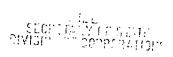
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Management	ata's Transport, I	nc.	
DOCUMENT NUMBER: P15000			
The enclosed Articles of Amendmen	nt and fee are su	bmitted for filing.	,
Please return all correspondence cor	ncerning this ma	tter to the following:	
Adolfo Lope	z		
		Name of Contact Person	
		Firm/ Company	
5729 Wiley S	Street		
		Address	
Hollywood,	FL 33023		
		City/ State and Zip Code	
gmfinancialsystem	sllc@yahoo.com	1	
E-mail a	ddress: (to be us	sed for future annual report	notification)
For further information concerning (his matter, pleas	se call:	
Adolfo Lopez		at (740-0205
Name of Contact Per	rson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the followin	g amount made	payable to the Florida Depa	ertment of State:
	5 Filing Fee & cate 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 Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Mata's Transport, Inc.

16 HAY -5 AM 8: 36

iviata's Transport, Inc.	70 HJ 6. 36
(Name o	of Corporation as currently filed with the Florida Dept. of State)
P15000025734	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:
ABS Carriers, Inc.	The new
	ntain the word "corporation," "company," or "incorporated" or the abbreviation nation "Corp," "Inc," or "Co". A professional corporation name must contain the ation," or the abbreviation "P.A."
B. Enter new principal office address, i (Principal office address MUST BE A ST	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	
D. If amending the registered agent and new registered agent and/or the new	
Name of New Registered Agent GM FINANCIAL SYSTEMS, LLC	
	5951 NW 173rd Drive Unit 5
	(Florida street address)
New Registered Office Address:	Hialeah 33015
	(City) (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	changing Registered Agent: stered agent. I am familiar with and accept the obligations of the position. GABRIA A. MEDINA -

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 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
l) Change	P	Raul A Mata	7757 NW 200th Street
Add			Hialeah, FL 33015
X Remove			
2) Change	P	Adolfo F. Lopez	5729 Wiley Street
X Add			Hollywood, FL 33023
Remove			
3) Change			
Add			
Remove			
Δ) (1)			
4) Change			
Add Remove			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			
K PMAVP			

<mark>If amending or adding additio</mark> Attach <i>additional sheets, if nec</i>	onal Articles, enter char essary). (Be specific)	ige(s) here:		
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f an amendment provides for	an exchange, reclassifi	cation, or cancellatio	n of issued shares.	
provisions for implementing (if not applicable, indicate	the amendment if not $c \in N/A$)	ontained in the amen	dment itself:	
,,	, ·	•		
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The date of a set and a set of a set	03/30/2016	io di di di
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
' '		SEC: TANY (7 %) II DIVISIO - COOPED TOOK
Effective date if applicable:		Tribe to be different
	(no more than 90 days after amendment file date)	16 HAY -5 AM 8: 37
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendm ficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	er
03/30/2016		
Dated		
Signature	rector, president or other officer - if directors or officers have not b	
	t director, president or other officer — If directors or officers have not call, by an incorporator — if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	Vouit
	Adolfo F. Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	