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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	D & S CARRIER,	INC	
DOCUMENT NUMBER: P15			
The enclosed Articles of Amena	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
SAUL R	OVIRA		
 =	-	Name of Contact Perso	ın
D & S C.	ARRIER, INC		
		Firm/ Company	
1205 RU	TLAND ST		
		Address	
OPA LO	CKA, FL 33054		
		City/ State and Zip Coc	le
dedalgirje@hot	mail.com		
-		sed for future annual report	notification)
For further information concerni	ng this matter, pleas	se call:	
SAUL ROVIRA		786	5032853 ode & Daytime Telephone Number
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Dep	artment of State:
	3.75 Filing Fee & rtificate 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 Addi Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection rporations	Ameno Divisio Cliftor	Address dment Section on of Corporations 1 Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D & S CARRIER, INC				
(Name o	of Corporation as currently	filed with the Florida	Dept. of State)	
P15000028534				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporati	on adopts the following	g amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "	Co". A professional co	corporated" or the al rporation name must c	phreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
				2019 55 2
C. Enter new mailing address, if appli			(==	
(Mailing address MAY BE A POST OFFICE BOX)			 	
				<u> </u>
D. If amending the registered agent an	ıd/or registered office addr	ess in Florida, enter the	e name of the	
new registered agent and/or the new			<u> </u>	QJ.
Name of New Registered Agent	DELIA QUINTANA			
	1205 RUTLAND ST			
	(Florida str	et address)		•
New Registered Office Address:	OPA LOCKA		, Florida 33054	
sen negmerou cypice stattess.		(City)	(Zip C	oder

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Delia Quitara &
Signature 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 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 Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	SAUL ROVIRA	1205 RUTLAND ST	
Add			OPA LOCKA, FL 33054	
X Remove				
2) X Change	þ	DELIA QUINTANA	1205 RUTLAND ST	
Add			OPA LOCKA, FL 33054	
Remove				
3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

	07/18/2019		
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
•	7/18/2019		
Effective date if applicable:			·
	(no more than 96) days after amendment file date)	
Note: If the date inserted in this document's effective date on the		able statutory filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were a by the shareholders was/were		number of votes cast for the amendment(s)	
		ugh voting groups. The following statement ote separately on the amendment(s):	
	st for the amendment(s) was/were	• •	
by	(voting group)		
	(voting group)		
		without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators witho	out shareholder action and shareholder	
07/18/20 Dated Signature	19	· 	
selec		er – if directors or officers have not been hands of a receiver, trustee, or other court	
	SAUL ROVIRA		
	(Typed or printed n	name of person signing)	
	PRESIDENT		
	(Title o	f person signing)	