P1500034156

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(Ac	idress)	
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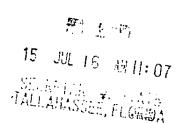
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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ARO TRANSPOR	T INC	
DOCUMENT NUM	D15000044756		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ODAISYS VILLASUSO		
		Name of Contact Persor	1
	ARO TRANSPORT INC		
		Firm/ Company	
	3084 NW 100 ST		
		Address	
	MIAMI, FL 33147		
		City/ State and Zip Cod	2
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
ERNESTO ERICK	RAMIREZ	at (786	409-8405
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, F1, 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ARO TRANSPORT INC

(Name of Corporation as curren	tly filed with the Florida Dept! of State)	
P15000044756		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporat." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	3084 NW 100 ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33147	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3084 NW 100 ST	
	MIAMI,FL 33147	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:	
(Florida s	treet address)	
New Registered Office Address:	, Florida	
Tes regimered Office rigaress.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.	
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 Doe		
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	v	ERNESTO ERICK RAMI	REZ	3084 NW 100TH ST
X Add				MIAMI, FL 33147
Remove				
2) Change				
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		-		
Add				
Romana				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•.,	
	-
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ac date this document was signed.	, 07/13/2015 option:	if other than the
Effective date if applicable:		
	(no more 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 the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
07/13/2015 Dated		
Signature	Oher 1	
(By a di selected	rector, president or other officer – if directors or officers have not been l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ODAISYS VILLASUSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	