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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EMPIRE USA TR	ANSPORT INC	<u>.                                    </u>		
DOCUMENT NUMBER: P15000045839					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	iter to the following:			
1	Joseph Villate				
_	Name of Contact Person				
J	Joseph Villate CPA				
_	Firm/ Company				
2	250 Catalonia Ave, STE 506				
_	Address				
(	Coral Gables, FL 33134				
-		City/ State and Zip Code	;		
villated	cpa@bellsouth.net				
	· ·	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Joseph Villate		305	541-4714		
Name of	Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)		
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton	Address ment Section n of Corporations Building		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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EMPIRE USA TRANSPORT INC (Name of Corporation as currently filed with the Florida Dept. of State) HASSEE, FL P15000045839 (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." 7298 NW 54th Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33166 C. Enter new mailing address, if applicable: 7298 NW 54th Street (Mailing address <u>MAY BE A POST OFFICE BOX</u>) Miami, FL 33166 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: Name of New Registered Agent (Florida street address) , Florida\_ New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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	Y	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/S	PAMELA ALZURI	5090 S STATE ROAD 7	
Add X Remove			HOLLYWOOD, FL 33314	
2) Change	S	ABEL A TEIXEIRA LOPEZ	7298 NW 54th Street	
X Add			Miami, FL 33166	
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
*****	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
enective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following staten or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ier
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/24/2 Dated	2015	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	ABEL A TEIXEIRA LOPEZ	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	