P15000046413

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | dress) | |
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| į | | |
| | | |
| | | |

Office Use Only



100273311891

06/02/15--01008--002 **35.00

15 JUN -2 PN 1:57

JUN 1 0 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: KABIOSILE TRA | NSPORT INC | |
|------------------------|--|--|---|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are su | abmitted for filing. | |
| Please eturn all corre | spondence concerning this ma | tter to the following: | |
| | ADAN CRUZ | | |
| | | Name of Contact Person | 1 |
| | KABIOSILE TRANSPORT | INC | |
| | | Firm/ Company | |
| | 1900 W 68 ST # 1306 | | |
| | | Address | |
| | HIALEAH FL 33014 | · · · · · · · · · · · · · · · · · · · | a de la companya de |
| | | City/ State and Zip Code | <u> </u> |
| For further informatio | E-mail address: (to be used to be | sed for future annual report se call: | notification) |
| ADAN CRUZ | | at (| de & Daytime Telephone Number |
| Name | of Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | □S43.75 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———————————————————————————————————— |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 phassec, FL 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



15 JUN -2 PM 1:57

| KABIOSILE TRANSPORT INC | |
|---|--|
| (Name of Corporation | on as currently filed with the Florida Dept. of State) |
| P15000046413 | |
| (Docum | nent Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation: | a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t |
| A. If amending name, enter the new name of the co | rporation: |
| name rust be distinguishable and contain the wor. "Corp." "Inc.," or Co.," or the designation "Corp, word ":hartered." "professional association," or the | The new discorporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | <u>:</u> |
| C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered agent and/or the new registered | red office address in Florida, enter the name of the |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| New Registered Agent's Signature, if changing Reg I herebe accept the appointment as registered agent. | istered Agent: I am familiar with and accept the obligations of the position. |
| Sign | ature 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 = Przsident; 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 | |
| _ <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type o Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | ALBERTO CAMEJO | 1900 W 68 ST 1306 |
| Add XRemove | | | HIALEAH, FL 33014 |
| 2) Change | P | ADAN CRUZ | 1900 W 68 ST 1306 |
| X Add | | | HIALEAH, FL 33014 |
| Remove | | | , |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. | If a nending or adding additional Arti- | icles, enter change(s) here: |
|----|---|--|
| | (Attach additional sheets, if necessary). | (Be specific) |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | +-150 PA | |
| | - 1,000 the distribution and the second and the seco | |
| | | |
| | | |
| | | |
| · | | |
| | | |
| | .,,, | |
| _ | | |
| | | |
| _ | | - |
| _ | | |
| | | |
| F. | If an amendment provides for an eych | nange, reclassification, or cancellation of issued shares, |
| | provisions for implementing the ame | ndment if not contained in the amendment itself: |
| | (if not applicable, indicate N/A) | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| . 05/28/2015 | |
|--|---|
| The date of each amendment(s) adoption: | Bryanch 65 3007 37 Arches |
| date this document was signed. | मार स्थापन एवं अधिको और Missel |
| 05/28/2015 | 15 JUN -2 PM 1:57 |
| Effective date if applicable: (no more than 90 days after amendation) | ment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes carby the shareholders was/were sufficient for approval. | ast for the amendment(s) |
| The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the separately of the separately | |
| "The number of votes east for the amendment(s) was/were sufficient for app | |
| by | 44 |
| (voting group) | · |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required. | |
| 05/28/2015 | |
| Dated | |
| M = M = M | |
| Signature | |
| (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary) | |
| ADAN CRUZ | |
| (Typed or printed name of person sign | ning) |
| . PRESEIDENT | |
| (Title of person signing) | |