## 7/5000049378

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(Ad	dress)		
(Ad	ldress)		
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DEC 1 0 2014 C. CARROTHERS

Division of Corporations
NAME OF CORPORATION: FAR TRANSPORTATION (SROUP, THE COCUMENT NUMBER: \$\frac{15000049378}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRITZ JEAN CHARIES  Name of Contact Person
- FRANS PORTATION
Firm/Company  1824 KEASTA CHAM CH  Address
ORIANDO II 32835 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (40) 267-533 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section . Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## · Articles of Amendment to Articles of Incorporation of

FAR TRANSPORTATION (3R	OUP INC
Name of Corporation as currently file	l with the Florida Dept. of State)
P15000049378	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	la 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 "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	AZE SE
<del>-</del>	E T
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	SAR I
	## <b>#</b>
<del>-</del>	
	<del></del>
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address;	Florida, enter the name of the
Name of New Registered Agent RTT STAD	L CHAR/ES
1824 KFASTAC (Florida street ad	3 HAM CT ORIANDOLFZ 32835
New Registered Office Address: OR/ANDO (City)	Florida 32825 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.

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	PT John	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	₽	LEJUSTE, MARCEAUT	348 PHILEPA PLACE LAKE MARY, FZ 34786
2) Change Add Remove	600	ALEXIS, FLANES	348 PHILIPA PIACE LAKE MARY FZ 34 486
3 ) Change Add Remove		·	
4) Change Add Remove	2	FRITZ JEAN-CHARIES	1824 KENSTNAHAM CT OPIANO, FZ 32835
5) Change Add Remove	<u>.                                    </u>		
6) Change Add Remove	<del></del>	<del></del>	

mending or adding additional Articles, enter change(s) here:	
ach additional speets, if necessary). (Be specific)	
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n amendment provides for an exchange, reclassification, or cand	cellation of issued shares, e amendment itself:
ovisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	e gandagaren i ayyar,
	•
T	

: V

The date of each amendment(s) adoption:  date this document was signed,	, if other than the
Effective date if applicable: $\frac{1-30-15}{(no  more  than  90  days  after  amendment  file  date)}$	* ,
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 16-30 F 2015	
Signature	
By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
(ED	
(Title of person signing)	