## P15000050108

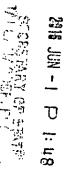
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Y & A GOLDEN	TRANSPORT INC.	
DOCUMENT NUM	IBER: P15000050108		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	YADELKIS CRUZ		
		Name of Contact Person	n
	Y & A GOLDEN TRANSPO	ORT INC.	
		Firm/ Company	
	6820 N AUGUSTA DR		
		Address	
	HIALEAH FL 33015		
		City/ State and Zip Cod	e
YAI	DELKIS@MSN.COM		
	•	sed for future annual report	notification)
		•	
For further information	on concerning this matter, pleas	se call:	
YADELKIS CRUZ		, 786	512-8101
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle
		Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## Y & A GOLDEN TRANSPORT INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P15000050108	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
	I "corporation," "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.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
Now Paristand Office Address	•
New Registered Office Address.	(City) (Zip Code)
Name of New Registered Agent  New Registered Office Address:	(Florida street address)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept the obligations of the position.
	·
Signa	sture 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALJADIS CARBALLOSA	6820 N AUGUSTA DR
X Add			HIALEAH FL 33015
Remove			
2) Change		_	
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		_
		_
·		
· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<u>.,</u>
		<u></u>

	05/20/20 <b>]\$</b>	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	5/20/201	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were	adopted by the incorporators without shareholder action and shareholder	
action was not required.	1	
D	20/16	
Dated	7. D(VI )	
<b>S</b> *	( Myle	
Signature	a director, president or other officer – if directors or officers have not been	
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	YALDEKIS CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>