Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone

: (407)582-9830

Fax Number

: (407)294-7677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				
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COR AMND/RESTATE/CORRECT OR O/D RESIGN GREEN ARROW TRUCKING CORP

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GREEN ARROW TRUCKING CORP
DOCUMENT NUMBER: P15000059039
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA PINHEIRO
Name of Contact Person
ALPHA BUSINESS CONSULTING, LLC
Firm/ Company
7022 CARLENE DR
Address
ORLANDO, FL 32835
City/ State and Zip Code
pinheiromaria@att.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA PINHEIRO 81 (407) 582-9830
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Plorida Department of State:

Articles of Amendment to Articles of Incorporation of

of GREEN ARROW TRUCKING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P15000059039 (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: GREEN ARROW TRANSPORT CORP 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and 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	<u>PT</u>	John Doo	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change		_	
Add		_	
Remove			
			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·	An	
Add			
Remove			
6) Change		<u> </u>	
Add		·	
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NONE	•
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	No. 1

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. If an amendment provides for an exch.	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
ONE	

08/19/2015
The date of each amendment(s) adoption:, if other t
date this document was signed.
08/19/2015
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 30 days after amenament fite date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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
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 08/19/2015 Signature 19/14/2 99000/2
(By a director, president or other officer - if directors or officers have not been
selected, by art incorporator — if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
VIVIANE TERENCIO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)