P15000001345

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2015 DEC 10 PM 3: 40
SECRETARY OF STATE
AND ANASSEE. FLORIDA

Amend

DEC 15 2015 I ALBRITTON

COVER LETTER

Division of Corporations
NAME OF CORPORATION: QQQQQQQ TYQUSQOY+ CORPORATION: P15000067348
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Calabay A Trans port Corp Firm/ Company S891 W. 9th land Address Halah Fl. 33017 City/ State and Zip Code Lilanahafee O aol. Cou- E-mail address: (to be used for future-annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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

TO: Amendment Section

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

Articles of Amendment

to

. Articles of In	corporation
Calabaza T	rans port, (Orp.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
	o7 348
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida 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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	7.0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FG 5 TI
	- SSE 6 F
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the s:
new registered agent and/or the new registered office addres	ress in Florida, enter the name of the s:
Name of New Registered Agent	5
name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City), Florida (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	:i
nereby accept the appointment as registered agent. I am jumiliar	with and accept the obligations of the position.
,	
Signature of New I	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	PT John E	<u>Ooe</u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One) 1) Change Add	Title PT	JenniferD. 10pez	Address 2 5891 W.9th Jane Hialeal, FT 33012
Remove 2) Change Add Remove	PT	Liliana Hadfeg	5349 NW1905 Many Fl. 33055
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	•
7-21-21-21-21-21	
-	
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption date this document was signed.	1:	210	13	, if other than the
Effective date if applicable:				
	(no more than	90 days after ame	ndment file date)	
Note: If the date inserted in this block document's effective date on the Department		icable statutory fi	ling requirement	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. Th for approval.	e number of vote	s cast for the ame	endment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verified.				
"The number of votes cast for the	` *		pproval	
by			.,,	
	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of directors	s without shareho	lder action and sl	hareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators wit	hout shareholder	action and shareh	nolder
Dated				
Signature				
(By a director, selected, by an	president or other officincorporator – if in the	ne hands of a rece		
	(Typed or printed	WeD. W		
	(1 ypea or printed	Manie of person s		<u> </u>