015000015433

(Ri	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
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SECULATION OF TAIL SHOWS SHOWS THE TAIL TO BE STATE.

Name Change

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ERIX ALABA PA		
DOCUMENT NUMB	ER: P15000075423		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ERIX I ALBA		
•		Name of Contact Person	1
-		Firm/ Company	
	9291 WEST 35TH AVENUE	:	
•	DIALEAU EL 23019	Address	
	HIALEAH, FL 33018	City/ State and Zin Cod	
		City/ State and Zip Cod	e
ALBA	AAUTOIMPORT@HOTMAI	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ERIX ALBA		786at (707-0244
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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 is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

ERIX ALBA PA				
(Name of Corpo	ration as currently	filed with the Florid	la Dept. of State)	
P15000075423				
(De	ocument Number of	Corporation (if know	n)	·
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F	Torida Profit Corpor	ation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
ERIX TRANSPORT SERVICES INC.				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered." "professional association," or	Sorp, " "Inc, " or "C	lo". A professional	incorporated" or the corporation name mus	abbreviation
B. Enter new principal office address, if applies (Principal office address <u>MUST BE A STREET</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>(BOX</u>)			C+ C+ R4 24 24 24 24 24 24 24 24 24 24 24 24 24 24 2
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ess in Florida, enter	the name of the	EH 12 Ha
Name of New Registered Agent				- H
	(Florida stre	et address)		_
N. Davissand Office Address			Elemida	
New Registered Office Address:		City)	, Florida Cly	n Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ith and accept the ob	ligations of the position	
	Signature of New Re	egistered Agent, if che		_

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce, \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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 Doc	
X Remove	<u>V</u>	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			
Add			
Remove			
6) Change			
Add			
Remove			

xuasa aaantonai sheets, 17 necessa	Articles, enter chan ry). (Be specific)	<u>*</u>		
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f an amendment provides for an	exchange, reclassific	cation, or cancellatio	on of issued shares,	
provisions for implementing the (if not applicable, indicate N/.	<u>amenament 11 not ct</u> 4)	ontained in the amer	adment usen:	
(y nor upprecione; marcaite ro.	• ,			
				 .
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:late this document was signed	, if other than the
•	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/01/2017 Dated	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
ERIX J ALBA	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)