## P15000091160

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## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

C.S.L. Transport, Inc. NAME OF CORPORATION: \_ 15000091160 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adriana Lopez C.G. Enterprises adri. 10/104 a gmail. com E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: at ( 305) 984.4774

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

A	Articles of Incorporation	St. The
151	Transport Too	
(Numa of Corporatio	Transport Inc.  n as currently filed with the Florida Dept. of State)	72
	0000 9 11 60	
·	ent Number of Corporation (if known)	<del></del>
	•	
its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the cor	·	
T.C.G.Er	nterprises, Inc.	The new
	" "corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name mubbreviation "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	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent		
<u></u>		<del></del>
	(Florida street address)	
New Registered Office Address:	. Florida	2: Z: 1)
	(City)	(ip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position	ગ્ય.
NA	ture of New Registered Agent, if changing	
Signa	ture 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.

Example: 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)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add		i	
Remove		$\sim \sim $	<del></del>
2) Change			
Add			
Remove			
3) Change			
Add			
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4) Change			
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Add			<del></del> .
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s)	here:
(Attach additional sheets, if necessary). (Be specific)	<del></del>
\ /	<u> </u>
N/ /.A	
10/14	
<del></del>	
F. If an amendment provides for an exchange, reclassificatio	n, or cancellation of issued shares.
provisions for implementing the amendment if not contain	ned in the amendment itself:
(if not applicable) indicate N/A)	
N/A	
1 '	
	<del></del>

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:	09.20.2017	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this ment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	ed by the shareholders through voting groups. The following state h voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	<b>f</b>
Dated 09.		
Signature	Idliana	
(By a direct	or, president or other officer - if directors or officers have not be	en
	y an incorporator – if in the hands of a receiver, trustee, or other olduciary by that fiduciary)	lourt
	(Typed or printed name of person signing)	
<del></del>	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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