P15000098732

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMERICA FREIGHTLINE CORP			
DOCUMENT NUMBER: P15000098732	44 AND		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
JAKSEL ANGEL DIAZ TUN	ON		
	Name of Contact Person		
AMERICA FREGHTLINE C	AMERICA FREGHTLINE CORP		
	Firm/ Company		
620 SW 60 CT			
	Address		
MIAMI FL 33144			
	City/ State and Zip Code		
AMERICAFREIGHTLINE@GMAI	L.COM		
	d for future annual report notification)		
For further information concerning this matter, please call:			
JAKSELANGEL DIAZ TUNON	at (305) 240-0222		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\begin{align*} \text{\$\subseteq\$} \$		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

AMERICA EREIGHTLINE CORP.

AWERICA FREIGHT LINE CORP		
	tly filed with the Florida Dept. of Sta	<u>te</u>)
P15000098732		
(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	e following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:	552N PALM ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLEWISTONFL 33440	<u>نون .</u> در در د
		5
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	620 SW 60 CT	
	MIAMI FL 33144	- · · · · · · · · · · · ·
	·	
		•
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		<u>e</u>
Name of New Registered Agent		
(Florida si	reet address)	
New Registered Office Address:	, Florida	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the	position.
Signature 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	PT	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	Address
1)Change			552N PALM ST
X Add			CLEWISTONFL 33440
Remove			
2) Change			
Add			
Remove			
3) Change			<u></u>
Add			
Remove			
4)Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6)Change			
	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	here:
I WOULD LIKE TO KEEPTHE MAILING ADDRESS620 SW	60 CT MIAMI FL 33144AND CHANGETHE
PRINCIPAL ADDRESSTO 552N PALM ST, CLEWISTONF	L 33440,
The state of the s	
10 Bay - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification	or cancellation of issued shares
provisions for implementing the amendment if not contain	ed in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amondment(c)	04/01/2016	if other than the
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
- 	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/01/2	016	
Dated		
g: (The same of the sa	
Signature	a director president or other officer - if directors or officers have not be	an
selec	ted, by an incorporator — if in the hands of a receiver, trustee, or other c	ourt
	inted fiduciary by that fiduciary)	
	JAKSELANGEL DIAZ TUNON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	