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SECRETARY OF SHALL

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____EAGLE LADY TRANSPORT CORP P16000002185 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LANDY FERNANDEZ Name of Contact Person EAGLE LADY TRANSPORT CORP Firm/ Company 17420 SW 119TH AVE Address **MIAMI FL 33177** City/ State and Zip Code landyfernandez85@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 399 0878

Area Code & Daytime Telephone Number LANDY FERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment FILED

Articles of Incorporation of

17 NOV 13 PM 3: 07

EAGLE LADY TRANSPORT CORP

· SECRETARY OF CHAIR TALLAHASSEE FU REFA

(Name o	f Corporation as currently	filed with the Florida De	pt. of State)
P1600002185			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corpo	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	<u>OFFICE BOX</u>)	ess in Florida, enter the n	ame of the
new registered agent and/or the nev			
Name of New Registered Agent	LANDY FERNANDEZ		
	17420 SW 119TH AVE		
	(Florida stre	Pet address)	
New Registered Office Address:	MIAMI		Florida 33177
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	with and accept the obligation	ons of the position.
New Registered Office Address: New Registered Agent's Signature, if c	(Florida streement) MIAMI hanging Registered Agent: ered agent. I am familiar w	(City)	, Florida(Zip Code) ons 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	LEIDYS FERNANDEZ	17420 SW 119TH AVE
Add			MIAMI FL 33177
X Remove			
2) Change	P	LANDY FERNANDEZ	17420 SW 119TH AVE
X Add			MIAMI FL 333177
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)		
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	 -		
f an amendment provides for an exc	nange, reclassification, o	cancellation of issued s	hares.
provisions for implementing the amo	ndment if not contained	in the amendment itself	
(if not applicable, indicate N/A)			
	<u> </u>		
			·

The date of each amendment(s) a	10/30/2017	, if other than the
date this document was signed.	doption.	, ii outer 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 D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
10/30/	2017	
Dated		
Signature 6		
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	LANDY FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	