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Amend

JUN 1 4 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	H&O TRA	NSPORT SERVICES COR	LP.	
DOCUMENT NUMBER:	P16000002643		·	
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
		ALBA E VIVAR		
	Name of Contact Person			
	MIAMI DIS	SPATCH & CARRIER SEI	RVICES	
Firm/ Company				
8040 NW 95TH ST STE 106				
Address				
HIALEAH GARDENS, FL 33016				
		City/ State and Zip Cod	e	
E-m	ail address: (to be us	ed for future annual report	notification)	
		,		
For further information concerni	ing this matter, pleas	e call:		
ALBA E VIVAR		at (305	822-0255	
Name of Contact	Person		de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	urtment of State:	
	3.75 Filing Fee & rtificate 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)	
Mailing Add			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, F			xecutive Center Circle	
i anairissee, p	L J&J 14		assee, FL 32301	
		r omitte		

Articles of Amendment to Articles of Incorporation of

·	H&O TRANSPORT S	ERVICES CORP	
(Name	of Corporation as currently	y filed with the Florida Dept. of State)	* 'y O'
	P16000002	643	The state of the s
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	lowing amendment(
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "(n," "company," or "incorporated" or Co". A professional corporation name P.A."	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		415 SW 96TH CT	
		MIAMI, FL 33174	
		P.O.BOX 44912 MIAMI, FL 33144	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	HUMBERTO O PITA		<u>. </u>
	415 SW 96TH CT		
	(Florida stre	eet address)	
New Registered Office Address:	MIAMI	Florida 33.	174
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with and accept the obligations of the posi	tion.
- INGS	Signature of New De	prietared Arant 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	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	HUMBERTO O PITA	415 SW 96TH CT
Add			MIAMI, FL 33174
Remove			
2) Change			
Add			·
Remove			
3)Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)
•	
.	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

06/03/2016	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
06/03/2016 Dated	
simum HoD	
Signature X 1/48 (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
HUMBERTO O PITA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

Comment of the