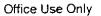
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(Requestor's Name)
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(Address)
,
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C. GOLDEN

JUL - 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BROTHERS 4 TRA	ANSPORT INC	
DOCUMENT NUME	BER:		 .
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	ROBERTO MACHADO		
		Name of Contact Persor	1
	SIMPLEX GROUP		
		Firm/ Company	
	7500 NW 52ND ST STE 100		
		Address	
	MIAMI, FL 33176		
		City/ State and Zip Code	<u> </u>
rmach	nado@simplexgroup.net		
	• • • •	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:at (. 599-8287
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
•	r the following amount made		
■ \$35 Filing Fee	□\$43.75 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)
Amo Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 F	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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2019 页 24

BROTHERS 4 TRANSPORT INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)
P-16000028749	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	'Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	rect address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.
Signature of New Re	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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chan 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>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	ISRAEL LIENS ESPINOZA	1550 SW 131 AVE			
Add			MIAMI FL 33184			
X Remove						
2) Change		<u> </u>				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach	ending or adding an additional sheet	ts, if necessary).	(Be specific)	with upon p.			
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				<u> </u>	<u> </u>		<u> </u>
If an i	amendment provisions for imple	vides for an exch menting the amer	ange, reclassifi	cation, or cancell	lation of issued s mendment itself	hares,	
<u>prov</u> ((if not applicable	, indicate N/A)				-	
	-			 -			-
		<u></u>	<u></u>	<u> </u>			
	<u> </u>			··			<u> </u>
				<u> </u>			
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The date of each amendment(s) a	doption:	, if other than
date this document was signed.		
4/1/ Effective date <u>if applicable</u> :	2019	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	vill not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement reach 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)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
6/14/2019		
Dated Signature <u>&</u>	O m	
(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 court need fiduciary by that fiduciary)	
аррон		
	CLAUDIA RODRIGUEZ SALENE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	