P16000037266

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARRAZANA TR	ANSPORTION INC	
DOCUMENT NUMB	P16000037266		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	iter to the following:	
	MABEL VALLADARES		
•		Name of Contact Person	
	MABELS TAX SERVICE II	NC .	
•		Firm/ Company	
	P O BOX 613		
•		Address	
	PENNSAUKEN NJ 08110		
•	···	City/ State and Zip Code	
MAB	ELVALL@HOTMAIL.COM	[
	•	sed for future annual report t	notification)
		,	
For further information	concerning this matter, pleas	se call:	
MABEL VALLADAI	RES	at (964-6100
Name o	Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$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)
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

CARRAZANA TRANSPORTA	ΓΙΟΝ	INC
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· · · · · · · · · · · · · · · · · · ·	ently filed with the Florida Dept. of State)
P16000037266	or of Composition (if known)
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, that titles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpord" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10 15 TO
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	gira yanan
C. Enter new mailing address, if applicable:	* (
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position.
Sionature of Ne	we 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	Y	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	V	MIGUEL RODRIGUEZ	504 CENTRAL PARK DR
Add			SANFORD FL 32771
X Remove		•	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			490
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate (v/1)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	ı(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/23/2016	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator of in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by the fiduciary)	
ROBERTO CARRAZANA	
(Typed or printed name of person signing)	
Po n x	
IKESIVEN/	
(Title of person signing)	