## P14000037289

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FILED SLURETARY OF STATE DIVISION OF CORFORATION

JUN 24 AM 7: 44

JUN 36 2016

**C** LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	JOSHUA & REYES TRA	ANSPORT INC		
DOCUMENT NUMBER:	P16000037289			
The enclosed Articles of Amenda	nent and fee are submitted	for filing.		
Please return all correspondence	concerning this matter to th	ne following:		
	AL	BA E VIVAR		
	Name of Contact Person			
	MIAMI DISPATCH & CARRIER SERVICES			
Firm/ Company				
8040 NW 95TH ST STE 106				
Address				
•	HIALEAH GARDENS, FL 33016			
•	City/ State and Zip Code			
•				
F-ma	l address: (to be used for f	inture annual report i	notification)	
L-ma	raddress. (to be used for r	atare attract report	iotificationy	
For further information concerning	g this matter, please call:			
ALBA E VIVAR		at (	822-0255	
Name of Contact	Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made payable	to the Florida Depar	rtment of State:	
	tificate of Status Cer (Ad	3.75 Filing Fee & rtified Copy ditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section		Street A Amendr	Address ment Section	
Division of Co	porations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL	32314	Clifton Building 2661 Executive Center Circle		
i ananassee, fl	1. ترسدر ،	Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STAIL DIVISION OF CORPORATIONS

2016 JUN 24 AM 7: 44

## JOSHUA & REYES TRANSPORT INC

(Name of Corneratio	on as currently filed with the Florida Dept. of State)
(ivame of Corporatio	P16000037289
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	The new d'"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	
c. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent:  am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	1,
	· · ·
,	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ames (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9 1.51 1)	

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	S		MAURO M GARCIA	28264 SW 133RD AVENUE
X Add				HOMESTEAD, FL 33033
Remove				
2) Change		_		
Add				
Remove				<del></del>
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add Remove				
KCHIOVE				

	06/20/2016	£1.	
The date of each amendment(s	) adoption:	F 11.11 Section 12.12	of STATE
date this document was signed.		DIVISION OF CO	MEDIOLIE.
0	06/20/2016	The state of the	27X4 - 27X <b>24</b> 3 134 1 5
Effective date if applicable:		2016 JUN 24	
,	(no more than 90 days after amendment file date)	rain DOM 54	AM /: 45
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	dment(s)	
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(		
	ast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
action was not required.	adopted by the board of directors without shareholder action and sha		
action was not required.	adopted by the incorporators without strateholder action and strateho	iuci	
06/2	0/2016		
Dated	~		
	$\mathcal{D}(f_{\mathcal{A}})$		
Signature/	Y (1) 5		
Signature <u>4</u>	a director, president or other officer – if directors or officers have no	t been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or oth		
	pinted fiduciary by that fiduciary)		
	BARBARA R VALLES		<u>.</u>
	(Typed or printed name of person signing)		
<i>f</i>	PRESIDENT		
and the second of the second o	(Title of person signing)		