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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JAIMES BROS 1	TRANSPORT INC.	
DOCUMENT NUM	P16000042022		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RUBEN D. TORO		
		Name of Contact Perso	n
	RUBEN TORO P.A.		
		Firm/ Company	
7901 KINGSPOINTE PKWY STE. 31			
		Address	
	ORLANDO FL 32819		
		City/ State and Zip Cod	e
rube	ntorocpa@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		370-6445
	of Contact Person	at (407) 370-04-3
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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JAIMES BROS TRANSPORT INC.	では、
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P16000042923	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Florida, enter the name of the
	one address.
Name of New Registered Agent	
	(Florida street address)
Many Burginson of Office Addisons	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.

Signature of New 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 Doc	
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) X Change	VPD	ANA JAIMES	5043 BELLTHORN DR.
Add		-	ORLANDO FL 32837
Remove			
2) Change	SD	STEEPHEN A. JAIMES CABRERA	880 WESLEY CIR. APT 308
X Add			APOPKA FL 32703
Remove	p.mp.	D.O.D. D. D.O. V. V. V. C.O.	
3) X Change	PTD	ROBERTO JAIMES	5043 BELLTHORN DR.
Add			ORLANDO FL 32837
Remove			
4) Change			
Add			
Remove			.
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
f an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an

The date of each amendment(s)	adoption:,	if other than the
date this document was signed.		
	7/26/2017	
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 l	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	v)	
.,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
07/26/20 Dated		
selec	director, president or other officer wif directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Roberto Jaimes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	