## P10000047948

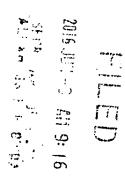
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JUN 1 4 2016 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BRITO FAMILY	TRANSPORT INC		
DOCUMENT NUMB	P16000047948			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		ALBA E VIVAR		
•		Name of Contact Person	n	
,	MIAMI DISP	ATCH & CARRIER SERV	VICES .	
•		Firm/ Company		
	8040	NW 95TH ST STE 106		
-	· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>	
	HIALE	AH GARDENS, FL 33016		
-		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
	·	•	·	
For further information	concerning this matter, pleas	se call:		
ALBA E VIVAR		.305	. 822-0255	
	f Contact Person	at (	de & Daytime Telephone Number	
Ivanie o	Contact Person	Alea Co	de & Dayume 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)	
<u>Mail</u>	ing Address	Street	Address	
Amendment Section		Amendment Section		
	ion of Corporations Box 6327	Division of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle		
I ana	imissoc, I'L 32317		issee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## **BRITO FAMILY TRANSPORT INC**

· · · · · · · · · · · · · · · · · · ·	as currently filed with the Florida Dept. of State	)		
P160	000047948			
(Document	Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the f	ollowin	g amen	dment(s
A. If amending name, enter the new name of the corpo	oration:			
name must be distinguishable and contain the word "	1		_The	
"Corp.," "Inc.," or Co.," or the designation "Corp," 'word "chartered," "professional association," or the abb B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	"Inc," or "Co". A professional corporation name previation "P.A."			
Principal office address <u>MOST BE A STREET ADDRE</u>	<u></u>			
		دانی خ <del>الا</del>	26	
C. Enter new mailing address, if applicable:		12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	5	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u> </u>	<u>ئى:</u> ئات	
		sud a		
		77	एउ	,
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered officered.</li> </ol>		10 3	9	
Name of New Registered Agent			-	
			_	
	(Florida street address)			
New Registered Office Address:	(City), Florida_	(Zin (	Code)	_

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	<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	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	SC	<del>_</del>	ORESTES GONZALEZ	4008 LEE BLVD
X Add				LEHIGH ACRES, 33971
Remove				
2)Change		<del>-</del>		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change				·
Add		_		
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
s	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
III nol applicable. Maicale N/A i	
(y wer approved indicate 1971)	•
G. 100 approaches, maneure 1971)	
(g not approximate 1971)	
G approach, mancair 1971)	
G ver approved indicate 1921)	
G not approved in manual 1921)	
G approach, maleure 1921)	
G approximation and control of the control of	
G approximation (manager 1921)	
G approximation and control (1921)	

06/04/2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date if applicable:	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were suf-	
by(voting group)	•
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without saction was not required.	shareholder action and shareholder
06/04/2016 Dated	_
Signature	
(By a director, president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	
YENI	IER BRITO
(Typed or printed name	e of person signing)
PI	RESIDENT
(Title of pe	erson signing)