## P17000005925

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SECRETARY OF SIATE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: QUIROGA TRAN	SPORTATION CORP	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
}	RELSON QUIROGA LEON	;	
_		Name of Contact Pers	on
(	DUIROGA TRANSPORTA	TION CORP	
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
i	9806 NW 86 CT		
_		Address	
ŀ	HALEAH, FL 33015		
_		City/ State and Zip Co	ode
OUIRO	OGANELSON539@GMAII	COM	
	•	sed for future annual repo	ert notification)
	·	,	
For further information	concerning this matter, pleas	se call:	
NELSON QUIROGA I	LEON	305	984-2242
Name of	Contact Person	Area (	984-2242 Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ame Divis Clifte	et Address  ndment Section sion of Corporations on Building  Executive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of



## QUIROGA TRANSPORTATION CORP

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P17000005925		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	6186 7TH ST	
(Principal office address MUST BE A STREET ADDRESS)	VERO BEACH, FL 32968	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6186 7TH ST	
	VERO BEACH, FL 32968	
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   N / A		
(Florida si	reet address)	
New Registered Office Address:	, Florida	
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of Nove	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: <u>X</u> Change	PT John De	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			NA
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamove			

Attach additional sheets, if necessary)	
V / / N	
<del></del>	
If an amendment provides for an expressions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
NA	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
M. Effective date if applicable:	AY 22, 2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment( ufficient for approval.	s)
	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s).	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
hy	."	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold lopted by the incorporators without shareholder action and shareholder	er
action was not required.		
DatedSignature		
select	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 counted fiduciary by that fiduciary)	
	NELSON QUIROGA LEON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	