## P1700036/41

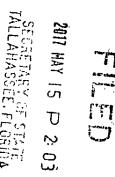
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Golden Trans	port Inc			
DOCUMENT NUMBER:	P1700003614				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence of	concerning this ma	tter to the following:			
Rafae	l Rivas				
		Name of Contact Perso	n		
Gold	Golden Transport, Inc				
		Firm/ Company			
5350	5350 NW 114 AVE UNIT 304				
		Address			
Dora	, FL 33178				
		City/ State and Zip Cod	e		
goldentran	sportdispach@	gmail.com			
E-mai	address: (to be us	ed for future annual report	notification)		
For further information concerning	g this matter, pleas	e call:			
Rafael Rivas		at ( 954	6328400 )de & Daytime Telephone Number		
Name of Contact F	erson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made p				
	75 Filing Fee & ificate 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

Golden Transport, Inc

( <u>Name</u> o	of Corporation as current	ly filed with the Florida De	pt. of State)		
P17000036141					
	(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following am	endment(s) to	
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and cont "Corp.," "Inc.," or Cc.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional corpo	porated" or the abbrev		
B. Enter new principal office address,	if applicable:	5350 NW 114 Ave	5350 NW 114 Ave Unit 304		
(Principal office address <u>MUST BE A S</u>		Doral, FL 33178	Doral, FL 33178		
C. Enter new mailing address, if applicable:		5350 NW 114 Ave Unit 304			
(maining waters MAT BEAT OST	(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		Doral, FL 33178		
D. If amending the registered agent and new registered agent and/or the new			ame of the		
Name of New Registered Agent	5350 NW 114 Ave U	In:t 204			
		reet address)			
N D : 100 411	Doral	our dan cooy	33178		
New Registered Office Address:	Dora	(City)	, Florida(Zip Code)		
New Registered Agent's Signature, if character as registed the appointment as registed.	nanging Registered Agent ered agent. I am familiar	<u>:</u> with and accept the obligation	ons of the position.		
Rey	Faul Rivas Signature of New F	Registered Agent, if changing	دي دي ا	TT	
				<u>.</u> j	

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 <math>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	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
l) Change	VP	Arroyave, Francisco	5350 NW 114 Ave Unit 304		
Add _X Remove			Doral FL 33178		
2) Change	·				
Remove					
3 ) Change Add					
Remove					
4) Change Add	<u></u>				
Remove					
5) Change	<del></del>				
Add					
6) Change					
Add					
Remove					

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)			
		NIA		<del>-</del>
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If an amendment provides for an exch	ange, reclassificat	ion, or cancellation of	issued shares,	
provisions for implementing the ame	ndment if not con	ained in the amendme	nt itself:	
(if not applicable, indicate N/A)				
	<b>N</b> )	1 A		
		(   '		
			<u></u>	

1	May 10, 2017	
The date of each amendment(s) adoption: date this document was signed.	,,	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voi	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
DatedMay 10, 2017		
	Rafael Rivas.	
(By a director, p selected, by an i appointed fiduc	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)  ael Rívas	_
Kais 	aci nivas	
	(Typed or printed name of person signing)	
Pre	sident	
<del></del>	(Title of person signing)	

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