

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000154100 3)))



H180001541003ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: LAXMY'S CARRIER SERVICES Account Name

Account Number : I20040000007 Phone

: (305)640-0281

Fax Number

: (305)640-0282

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

MAY 1 8 2019

COR AMND/RESTATE/CORRECT OR O/D RESIGN H&M TRANSPORT LOGISTICS, INC.

Certificate of Status	0
Certified Copy	U
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

## COVER LETTER

Division of Corporations						
NAME OF CORPORATION: H&M TRANSPOR	LOGISTICS INC					
DOCUMENT NUMBER: P17000051782						
The enclosed Articles of Amendment and fee are sub	mitted for filing.					
Please return all correspondence concerning this matt						
HECTOR L NAVARRO						
HECTOR E NAVARRO	S Comman Branco					
H&M TRANSPORT LOGIST	Name of Contact Person					
Ham Transfort Loois	Firm/ Company					
1821 SW 107TH AVE UNIT	•					
	Address					
MIAMI FL 33165						
	City/ State and Zip Code					
LAXMYC2001@YAHOO.COM		✓				
F-mail address: (to be us	ed for future annual report					
<b>5</b> (** - * * * * * * * * * * * * * * * * *	·	•				
For further information concerning this matter, pleas	e call:					
LAXMY CHACON	at (305	640-0281 de & Daytime Telephone Number				
Name of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	oayable to the Florida Depa	rtment of State:				
S35 Filing Fcc U\$43.75 Filing Fcc & 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassec, FL 32301				

## Articles of Amendment to Articles of Incorporation of

H&M TRANSPORT LOGISTICS, INC.							
(Name of	Corporation as currently	v filed with the Florida Dept.	of State)				
P17000051782							
	(Document Number of	Corporation (if known)					
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this	Florida Profit Corporation add	opts the following	, amc	ndmer	n(s) 10	
A. If amending name, enter the new name	me of the corporation:						
					new		
name must he distinguishable and conta "Corp.," "Inc.," or Co.," or the designation of the designation of the designation of the designation of the contact	ition "Corp." Inc. or	Co . A projessional corporal	rated" or the ab tion name must c	brev onta	iation in the		
B. Enter new principal office address, i		3031 NW 1518T ST		- <sub>t</sub>	<u></u>		
(Principal office address MUST BE A ST	REET ADDRESS )	OPA-LOCKA FL 33054			٠٠٠		
				· · ·		r in	
C. Enter new mailing address, if appli	calife:	3031 NW 1518T ST		٠,	- E	,	
(Mailing address MAY BE A POST OFFICE BOX)		OPA-LOCKA FL 33054		, is	<b>-9</b>		
					7,		
					_		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office address	ress in Florida, enter the nam s:	<u>ie of the</u>				
	MURCEDES GOMEZ						
Name of New Registered Agent				•			
	(Florida si	rees address)		•			
	3031 NW 151ST ST OPA	-LOCKA	Slorida 33165				
New Registered Office Address:		(City)	(Zip )	Florida 33165 (Zip Code)			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	<u>t:</u> with and accept the obligation	s of the position.				
	Marcida	o Cerres.					
	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 litle:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chtef 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	GOMEZ, MERCESEA	3031 NW 151ST ST
X Vdd			OPA-LOCKA FL 33054
Remove			
2) X Change	VP	NAVARRO, HECTOR L	3031 NW 151ST ST
Add			OPA-LOCKA FL 33054
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		····	
Add	-		
Remove			

Page 2 of 4

neach asamona	dding additiona <u>l A</u> sheets, if necessary	ı). (Be specific	<sup>)</sup>			
,						
	· · · · · · · · · · · · · · · · · · ·					
				_		
				-		
					<del></del>	-
	,			-		_
			<u> </u>			
	<del>-</del>		<del></del>		- <del></del>	· · · · · · · · · · · · · · · · · · ·
		J				
			. — <del></del>	<del></del>		
						····
					<del></del>	
if an amendmer	t provides for an c	xchange, reclas	sification, or ca	ancellation of is	sued shares,	
provisions for	mplementing the a	imendment if no	ot contained in	the amendmen	t itsell:	
(if not appl	cable, indicute N/A	)				
	_					
		<del></del>				
				<u>.                                    </u>		
		<u> </u>				
			*			

The date of such amendment(s) adoption: 5//7/18	10
The date of each amendment(s) adoption: 5//7/18 date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable: 5 /17 / 18  (no more than 90 days after amendment file date)	··
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voiing group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated OS (17) N	
The state of the s	
Signature	<del>_</del>
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Hector L. Nevano	
(Typed or printed name of person signing)	
President_	
(Title of person signing)	