P1700051963

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SECRETARY OF STATE

C. GOLDEN MAY 1 8 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	JOYTRANSPORT	CORP			
DOCUMENT NUMBI	P17000051963 ER:				
The enclosed Articles o	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(TULLERMO DE HOWARI	Z.			
-	Name of Contact Person IN BALANCE ACCOUNTING SYSTEMS, LLC				
-	18459 PINES BLVD, STE 21	Firm Company			
-	PEMBROKE PINES, FL 330	Address 029			
-		City State and Zip Code			
GDH1	D@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
GUILLERMO DE HOWARTZ		305	567-0363		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 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, F1, 32314		Ameno Divisio Cliftor 2661 E	Address Innent Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

TALCAETARY OF 3:35

OL. Of State)

JOY TRANSPORT CORP

P17000051963	tly filed with the Florida Dept. of State)
(Document Number o	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:	
name must be distinguishable and contain the word "corporation "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:	0270 3W 13-1N7/AV1.311.000
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33193
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office adennew registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida v.	treet address)
No. Barbara (Office Albara)	. Florida
New Registered Office Address:	(Cuv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: 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 officeridirector 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 Doc. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PΤ	John Do	<u>uc</u>	
X Remove	V	Mike Jo	nes .	
<u>X</u> Add	<u>sv</u>	<u>Sally Su</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2)Change				
Add				
Remove				
3) Change				
Add				
Remove				
4)Change	 	_ .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Ar atach additional sheets, if necessary).		<u> </u>			
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f an amendment provides for an ex- provisions for implementing the arr	<u>change, reclassific</u> sendment if not co	ation, or cancella utained in the an	<u>tion of issued sh</u> iendment itself:	ares,	
(if not applicable, indicate N/A)					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendatent file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the shareholders. The number of votes cast 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):	r
"The number of votes east for the amendment(s) was were sufficient for approval	
by (voting group)	
(voting 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 5/8/2018	
Signature .	
(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)	
ONIA CASTRO (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	