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<u>COVER LETTER</u>

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: A&A Sunshine Transfortation INC
DOCUMENT NUMBER: P 17000055204
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
ASA Sunshine trans Portation INC
17980 NW 67 ave B Address
Hia lea L El 33015 City/ State and Zip Code
Hevibortobatista of a grail care E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 801-4226 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Amo	endment	
· · · to		2017 A
Articles of Incor of	poration	
AYAS un Shine tran	s Partation In	ج. ن د <u>م</u>
(Name of Corporation as currently t	filed with the Florida Dept. of State)	جي آ
P / 7 0000 5 5 2 c	Someration (if brown)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Document Number of C	corporation (if known)	. ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name m	e abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MA	
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 address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	(address)	
·	•	
New Registered Office Address:	, Florida, Florida	7: C. J.)
	<i>a</i> ,,)	ыр Cuacy
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position	ои.
	NA	
Signature of New Reg	gistered 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: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CED	Heriberto a Batista	17980 NW 67A
X Add			B. Hialeah F
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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·	-
amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
visions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NA
	NIA
	NIA
	NIA
	NIR

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	eck does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the ame icient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendmen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareh	older
Dated	19/17 Herule-Jarese	
Signature	Herufe Jarese	
(By a dire	ector, president or other officer – if directors or officers have r by an incorporator – if in the hands of a receiver, trustee, or o	
	d fiduciary by that fiduciary)	ner court
	(Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	