P11000058830

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DOWN SOUTH T	TRANSPORT INC			
DOCUMENT NUM	P17000058830				
The enclosed Article.	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	SARIBEL DE TRINCHERL	A			
		Name of Contact Person	1		
	DOWN SOUTH TRANSPORT INC				
		Firm/ Company			
	16500 SW 173 AVE				
		Address			
	MIAMI, FL 33187				
		City/ State and Zip Code	e		
losia	zmineshomecare@hotmail.com	m			
	-	sed for future annual report	notification)		
			noeution,		
For further information	on concerning this matter, plea	se call:			
SARIBEL DE TRINCHERIA		at (785-8151		
Name of Contact Person Area Code & Dayt		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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

to

DOWN SOUTH TRANSPORT INC

(Name of Corporation as of P17000058830	currently filed with the Florida Dept. of State)
	umber of Corporation (if known)
	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	The new reporation," "company," or "incorporated" or the abbreviation c." or "Co". A professional corporation name must contain the ciation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office	
Name of New Registered Agent	···
	lorida street address)
New Registered Office Address:	(City) , Florida
	(Zip Colle)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	1 Agent: and accept the obligations of the position.
Signatura	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 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>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
I) Change	VP	LISDAY ALVAREZ	16500 SW 173 AVE		
Add			MIAMI, FL 33187		
X Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)	
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		_
		
f an amendment provides for an eyek	hange, reclassification, or cancellation of issued shares,	
The state of the s	nange, rectassification, of currentition of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable;</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/30/20	17	
Dated		
Signature	5 4.	
(By selec	director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	SARIBEL DE TRINCHERIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	