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| (Requestor's Name) |
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TALLAHASSOF FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | ION:F | AMILY CRUZ TR | ANSPORT C | ORP | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBER: | P1700007 | 7182 | | | | |
| The enclosed Articles of Articles | mendment and fee are sub | omitted for filing. | , | | | |
| Please return all correspond | dence concerning this mat | ter to the following | ng: | | | |
| | | ALAN MAR | RTINEZ | | | |
| | Name of Contact Person | | | | | |
| | SIMPLEX GROUP | | | | | |
| | Firm/ Company | | | | | |
| | 5800 NW 74TH AVE | | | | | |
| | Address | | | | | |
| | MIAMI, FL 33166 | | | | | |
| | | City/ State and | l Zip Code | | | |
| | am | artinez@simplex@ | group.net | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| ALAN MARTINEZ / | SIMPLEX GROUP | at (| 305 | 599-8287 | | |
| Name of Co | ontact Person | (| Area Code | & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| ■ \$35 Filing Fee | □\$43:75 Filing Fee & Certificate of Status | □\$43.75 Filing Certified Cop (Additional control of enclosed) | py | 1\$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 | | | Division of Clifton But 2661 Exec | nt Section of Corporations | | |

Articles of Amendment to Articles of Incorporation of ·

FILED

17 NOV 13 PM 3: 05

| | RUZ TRANSPORT COI | | SECRET | ARY OF | TATE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|------------------------------|----------------------------|-----------------------------------|
| (Name of Corpor | ration as currently fil | ed with the | Florida De | of State | OTHUX |
| | P17000077182 | | | | |
| (Do | cument Number of Co | rporation (i | f known) | | |
| Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation: | orida Statutes, this <i>Flor</i> | rida Profit (| Corporation : | adopts the fe | ollowing amendmen |
| A. If amending name, enter the new name of the | e corporation: | | | | |
| | | | | | The new |
| name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or | orp," "Inc," or "Co" | '. A profes | " or "incorp sional corpo | porated" oi ration name | the abbreviation must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 316 W 44TH ST | | | |
| | | HIALEAH, FL 33012 | | | |
| | - | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 316 W 44TH ST | | | |
| | | HIALEAH, FL 33012 | | | |
| | | | | | |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | in Florida. | enter the na | me of the | |
| Name of New Registered Agent | | | | , | |
| | 316 W 44TH S | iT | | | |
| | (Florida street a | iddress) | | | |
| New Registered Office Address: | HIALEAH | | | , Florida_ | 33012 |
| | (City) | | | | (Zip Code) |
| | | | | | |
| New Registered Agent's Signature, if changing hereby accept the appointment as registered ages | Registered Agent: nt. I am familiar with | and accept | the obligation | ons of the po | sition. |
| | | - | | | |
| | | | | | |
| | Signature of New Regis | stered Agen | t 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) | Title | Name | <u>Addres</u> s |
| 1) X Change | Р | CRUZ GARCIA, RAIDEL MOISES | 316 W 44TH ST |
| Add | | | HIALEAH, FL 33012 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| (у погарричане, такча полу | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) adopti | on: | , if other than the |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amend | lment file date) |
| Note: If the date inserted in this block document's effective date on the Departr | | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cannot for approval. | ast for the amendment(s) |
| | d by the shareholders through voting groups. a voting group entitled to vote separately on the | |
| "The number of votes cast for the | ie amendment(s) was/were sufficient for app | noval |
| by | • | ," |
| | (voting group) | |
| ☐ The amendment(s) was/were adopted action was not required. | by the board of directors without shareholde | er action and shareholder |
| The amendment(s) was/were adopted action was not required. | by the incorporators without shareholder act | tion and shareholder |
| Dated 11/2/1 | 7 <i>60/11</i> | |
| Signature | | |
| selected, by | or, president or other officer – if directors or an incorporator – if in the hands of a receive iduciary by that fiduciary) | |
| | RAIDEL MOISES CRUZ GA | ARCIA |
| _ | (Typed or printed name of person sign | ning) |
| | PRESIDENT | |
| | (Title of person signing) | |