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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007 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.

AUS 28

COR AMND/RESTATE/CORRECT OR O/D RESIGN FOX'Z TRANSPORT INC

| | THE RESIDENCE OF THE PARTY SHOP AND ADDRESS OF THE PARTY |
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AUG 29 2019

COVER LETTER

| TO: Amendment Section Division of Corpora | n nions | | | |
|--|--|--|--|-----|
| | TION: POX'Z TRANSPORT | INC | | |
| NAME OF CORPORA | | 077782 | | |
| | :R: 3745 NW 507H ST17000 | | | |
| | f Amendment and fee are subt | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | - |
| C | JUSTAVO D SCORDAMAG | | | |
| | | Name of Contact Person | | · · |
| Г | OXIZ TRANSPORT INC | | | |
| _ | | Pirm/ Company | | |
| | 1745 NW 50TH ST | | | |
| · - | | Address | | |
| | MIAME FL 33142 | | | |
| | | City/ State and Zip Code | ; | |
| | The second secon | | | |
| LAXN | AYC2001@YAHOO.COM | ed for future annual report i | otification) | |
| | p-mail address; (in be use | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| For further information | n concerning this matter, please | e call: | | |
| LAXMY CHACON | | 305 | 640-0281 Je & Duytime Telephone Number | |
| | of Contact Person | Area Co | de & Duytime Telephone Number | Γ |
| | or the following amount made t | | | |
| Enclosed is a check to | of the tollowing alticular mass i | | | |
| \$35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | | Street | Address | |
| <u>Ma</u> | tiling Address nendment Section | Americ | iment Section | |
| Dis | vision of Corporations | Divisi Cutos | on of Corporations 1 Huilding | |
| P.C | D. Box 6327 | 2661 / | Executive Center Circle | |
| Ta | Huhassec, FL 32314 | Tallah | assee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| | and with the Florida Dept. | of State) | | |
|--|--|---|--|---|
| rporation as current | v flied with the Florida Dept. | | | |
| | | | | |
| (Document Number o | if Corporation (if known) | | | |
| 5, Florida Statutes, this | Florida Profit Corporation 8d | opes the following a | mendme | nt(s) t |
| of the corporation: | | | | |
| | | r | he new | • |
| the word "corporation "Corp." "Inc." or | on," "company," or "Incorpo "Co". A professional corpora "P.A." | rated" or the abb. Hion name must co. | revianoi ntain thi | · ? |
| • | 3745 NW 50TH ST | | [103 | |
| pplicable: EET ADDRESS) | MIAMI FL 33142 | |) } } } | |
| | | | <u> </u> | 77; |
| C. Enter new mailing address, if applicable: | | | 793 | 0.7 |
| FICE BOX) | 101 FAH FL 33011 | | ယ့ | |
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| 7 | | me of the | | |
| VILMAR G PEREZ C | AMEJO | | | |
| 745 NW 50TH ST | | | | |
| | street address) | | | |
| , | | , Florida | | |
| AAIMI | | , Florida (Zip C | | - |
| | of the corporation: the word "corporation: the word "corporation" on "Corp." "Inc." or in or the abbreviation pulicable: FET ADDRESS) or registered office addrevistered offi | the word "corporation; the word "corporation," "company," or "incorporation "Corp." "Inc." or "Co". A professional corporation "P.A." pulicable: BET ADDRESS) MIAMI FL 33142 PO BOX 110404 IIIALEAH FL 33011 or registered office address in Florida, enter the naregistered office address: VILMAR G PEREZ CAMEJO | of the corporation: The word "corporation," "company," or "incurporated" or the abbit of "Corp." "Inc." or "Co". A professional corporation name must con, "or the abbreviation "P.A." 3745 NW 50TH ST PO BOX 110404 IIIALEAH FL 33011 or registered office address in Florida, enter the name of the registered office address; VILMAR G PEREZ CAMEJO 6745 NW 50TH ST | of the corporation: The new The word "corporation," "company," or "incorporated" or the abbreviation on "Corp." "Inc." or "Co". A professional corporation name must contain the corporation "P.A." 1745 NW 50TH ST PO BOX 110404 PO BOX 110404 PICE BOX IIIALEAH FL 33011 Or registered office address in Florida, enter the name of the registered office address: VILMAR G PEREZ CAMEJO 1745 NW 50TH ST |

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 un 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 Dos | | |
|-------------------|-----------|------------------------|---------------------|--|
| X Remove | <u>∨</u> | Mike Jones | | |
| X_ | <u>sy</u> | Sally Smith | | |
| Type of Action | Title | Name | ÿqय़ <u>ॖढ़ड़</u> ऽ | |
| (Check One) | P | GUSTAVO D SCORDAMAGLIA | 3719 NW SOTH ST | |
| 1) Change | <u></u> | | MIAMI FL 33142 | |
| Add | | | | |
| X Remove | P | WILMAR G PEREZ CAMEJO | 3745 NW 507H ST | 2010 |
| 2) Change | <u>-</u> | | MIAMI, FL 33142 | <u>-</u> |
| X Add | | | | > |
| Remove | | | | <u>; </u> |
| 3) Change | | | w | , |
| Add | | | <u> </u> | _ |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | _ |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| nmending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific) | | | |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself: | <u>z</u> , | | |
| (if not applicable, indicate WA) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (if not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |
| (:f not applicable, indicate N/A) | | | |

| The date of each amendment(s) adoption: | , if c | other th | an the |
|---|-------------------|-------------|--------|
| The date of each amendment(s) adoption: | | | |
| Effective date if applicable: 08 57/19 (no more than 90 days after amondment file date) | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's offective date on the Department of State's records. | 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 east for the amendment(s) was/were sufficient for approval | • | 2019 AUG | |
| hy | - | | |
| The amendment(s) was were adopted by the board of directors without shareholder action and shareholder action was not required. | | 6 28 | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | | РН 3: | FD 7 |
| Dated | • | 39 | |
| 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) | · · · | | |
| GUSTAVO SCORDAMAGLIA | | | |
| (Typed or printed name of person signing) | | | |
| PRESIDENT | | | |
| (Title of person signing) | | | |