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S TALLENT MAY 1 5 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LD CARRIER CO	RP.		
DOCUMENT NUMBE				
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
F	RANKLIN LEON			
_		Name of Contact Person	1	
L	D CARRIER CORP.			
		Firm/ Company		
19	931 NW 150 AVE - STE. 1:	21		
-		Address		
P	EMBROKE PINES, FL 330)28		
		City/ State and Zip Cod	e	
fleon@l	dcarrier.com			
		sed for future annual report	notification)	
	D man address. (to be as	sea for fatare atmaar report	nouneationy	
For further information of	concerning this matter, pleas	se call:		
FRANKLIN LEON		at (8026970	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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

LD CARRIER CORP.					
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of St	tate)		
P17000081816					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	he following an	nendr	nent(s) t
A. If amending name, enter the new n	ame of the corporation:				
*****			Th	ie ne	1347
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation n	" or the abbr	eviatio	on
B. Enter new principal office address,	if annlicable:	16440 S POST RD			
(Principal office address <u>MUST BE A S</u>		APT 302			
		WESTON, FL 33331	Tek	(O)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1	1. X	T
(maining usuress MAT BE ATOST	OTTICE BOX		1		li)
			- 1919 - 1918	=	
D. If amending the registered agent ar new registered agent and/or the ne			he	**	
	LEON MARCANO, FRA				
Name of New Registered Agent	16440 S POST RD, APT	302			
		treet address)			
N Di 100 111	WESTON	•	, 33331		
New Registered Office Address:	, Florida, Florida			(Zip Code)	
		(Спу)	(Zip Cod	e)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			e position.		
		14			
	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 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PD		GONCALVES, ANDREINA J	
Add X Remove				
2) X Change	PD		LEON MARCANO, FRANKLIN A.	16440 S POST RD, APT 302
Add				WESTON, FL, 33331
Remove				
3) Change				
Add Remove				
Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pamayo				

•	ng or adding addition ditional sheets, if neces	ssary). (Be specifi	c)		
		 			
		· · ·			
		 			
				*** *	
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fan aman	ndment provides for a	he amendment if no	ot contained in the	nanon or issued snar amendment itself:	<u>es,</u>
f an amei provision	is for implementing ti				
provision	is for implementing the state of the state o	N/A)			
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5/7/2018	: C d d d
The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file days	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment of the control	
"The number of votes cast 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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder
5/7/2018 Dated	
Signature	
(By a director, president or other officer – if directors or officers hav	e not been
selected, by an incorporator - if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
LEON MARCANO, FRANKLIN ALEJANDRO	
(Typed or printed name of person signing)	
P/D	
(Title of person signing)	