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Account Name : A & L CARRIER SERVICES INC.

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Fax Number : (786)362-5270

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

Taliahassee, FL 32314

NAME OF CORPORATION: ROCIO TRANSPORT INC DOCUMENT NUMBER: P17000081905 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISANDRA GONZALEZ Name of Contact Person A&L CARRIER SERVICES Firm/ Company 11117 W OKEECHOBEE RD STE 201 HIALEAH, FL, 33018 City/ State and Zip Code INFO@ALCARRIERSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A&L CARRIER SERVICES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 266! Executive Center Circle Tallahassee, FL 32301

	Articles of Am	endment		
	to Articles of Inco	rporation		
	of			
POCIO Tra	report in	C		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	•	
7170C	XXX81905			
(Documen	: Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following ame	ndment(s) t
A. Mamending name, enter the new na	me of the corporation:			
	<u> </u>		The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design	ain the word "corporation, ation "Corp" "Inc" or "C	" "company," or "incorporate o". A professional companyion	d" or the abbrevi	anon
word "chartered," "professional association	tion," or the abbreviation "P	A."	· · · · · · · · · · · · · · · · · · ·	- 17.65 A
B. Enter new principal office address.	if annlicahla.		- Fri	~7
(Principal office address MUST BE A ST		·	2.44	Q T
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			<u> </u>	_ (=
C. Pasan annual diamental and address of the con-		-		圣节
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)			right Open	ريو ر
	<u> </u>			90
			<u></u>	
D. If amending the registered agent an	d/or registered office addre	se in Vlavida, entar the name of	' tha	
new registered agent and/or the new	registered office address:	55 III F (O) IUA, EIICE, LIJE HAING DE	tne	
Name of New Registered Agent	ESMEL FERRE	R MACHADO		
	441 EAST 16 S	<u> </u>		
	(Florida stree			
New Registered Office Address:	HIALEAH	, Florida 33	018	
NEW NEVENTER OFFICE MAGICAS.	(City)	, Florida	Zip Code)	
•			- ,	
				
New Registered Agent's Signature, if ch I hereby accept the appointment as regist	ranging Registered Agent: ered agent. I am familiar wi	th and accept the obligations of t	he position	
		and accept the conganons of t	ne position.	
- y floring	valure of New Registered Ag	tent if changing		
, 5.6	7	ALTER ST ALMINGTON		

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) Change	<u>P</u>	ESMEL PERKER M	ACHADO 441 EAST 145t Hialeah, FL, 33.01
Remove			
2) Charge			
Remove			
3) Change			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
(A) Change			
Add Remove		·	

(Attach additiona	adding additional Art ii sheets, if necessary).	(Be specific)	<u>s) nere</u> :	
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If an amendmen	t provides for an exc implementing the ame	hange, reclassificati	on, or cancellation o	f issued shares,
(if not appli	icable, indicate N/A)		iges in the amenum	<u>eur maen.</u>
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			<u>. </u>	

The date of each amendment(s) adoption: 11/13/2017	, if other than the
date this document was signed.	
Effective date if applicable: 11/13/2017	
(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	,
by**	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_11/13/2017	
Signature X Ref	_
(By a diffector, 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)	•
ESMEL FERRER MACHADO	
(Typed or printed name of person signing)	-
PRESIDENT	
(Title of person signing)	•