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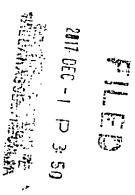
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DEC 0 4 2017
T. LIZAMEUN



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GOFF Transportation Jervices INC.						
DOCUMENT NUMBER: P [70000 9262]						
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Frank (Name of Contact Person	rvices Inc.			
<u></u>	187 NW 5	Firm/ Company 7 AVE A Address	RT:19			
	MIAMI, 1	FL 33126 City/ State and Zip Code	<u> </u>			
FRANK 11 MONT IJO @ GMHIL. COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Frank Mo	Ontijo Contact Person) 274 – 3928 de & 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	Certified Copy (Additional copy is enclosed)	52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailin	2 Address	Street .	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

G&F Transportation	Services Inc.
	filed with the Florida Dept. of State)
P17000092	621
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N(A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or $Co.$," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	🔊 . A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/	A
(Florida stre	et address)
New Registered Office Address:	, Florida
6	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	2111 DE
Signature of New Re	gistered 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.

X Change	<u> 14</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Frank J. Montijo	187 NW 57 AVE
Add			APT:19
Remove			MIPMI, FL 33126
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u> • (Attach 'add				enter char enter char	nge(s) her	<u>t</u> :				
Off	m a Picer/ Cn & F	Direc	tor	Deta	ii	from	as ion es	NON Inc.	E	
	ndment proving s for implement applicable.	menting the . indicate N	amendme						res,	
			<u> </u>						_	-
										

The date of each amendment(s) adoption: _	N/A	, if other than the
date this document was signed.	·	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendmen or approval.	t(s)
The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting groups. The following statering group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval	
by	coting group)	
(¥	coting group)	
action was not required.	ne board of directors without shareholder action and sharehold	der
Affhe amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated NOV. 2	1,2017	
Signature In	al Martine -	
	esident or other officer - if directors or officers have not beer	 n
selected, by an in	acorporator – if in the hands of a receiver, trustee, or other col	urt
appointed fiducia	ary by that fiduciary)	
	Frank J. Montijo	
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	