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PN DOC	MAN HONO
(Requestor's Name) (Address) (Address)	000306495290
(City/State/Zip/Phone #)	12/12/1701038005 ** 35.00
Certified Copies Certificates of Status	
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TO: Amendment Section		<u>)VER LETTER</u>		, 1
Division of Corporation				
NAME OF CORPORATIO	11	TINC		
DOCUMENT NUMBER:				
The enclosed Articles of Am	<i>idment</i> and fee are submitted	for filing.		
Please return all corresponde	eeconcerning this matter to th	e following:		
YOSV	ANY MOREJON CASTILLO			
AM 5	 ST AR TRANSPORT INC	e of Contact Person		
12410	SW 187 ST	Firm! Company		
		Address		
<u></u>		State and Zip Code		
	mail address: (to be used for f	uture annual report	notification)	
For further information cone	rning this matter, please call:			
YOSVANY MOREJON		at (5183431	
Name of Con	act Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the fe	llowing amount made payable	to the Florida Depa	rtment of State:	
S35 Filing Fee	Certificate of Status Cer (Ad	0.75 Filing Fee & tified Copy ditional copy is (losed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	t Section Corporations	Amend Divisio Clifton 2661 E	<u>Address</u> ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

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	Articles of Amendment to	• • • •
	Articles of Incorporation	17 DEC 12 PM 2: 08
AM 5 STAR TRANSPOR	of T INC	SECRETAL Y & ANDE TALLARA PERIODA
	(Name of Corporation as currently filed with th	
P17000094616		
	(Document Number of Corporation (lif known)
Pursuant to the provisions of its Articles of Incorporation	of section 607.1006. Florida Statutes, this <i>Florida Profir</i> n:	Corporation adopts the following amendm
A. If amending name, en	ter the new name of the corporation:	
"Corp.," "Inc.," or Co.," word "chartered," "profes	table and contain the word "corporation," "company or the designation "Corp." "Inc." or "Co". A profe- ssional association," or the abbreviation "P.A."	The ne "," or "incorporated" or the abbreviatic ssional corporation name must contai n th
	ffice address, if applicable:	
C. Enter new mailing ad		
	tdress, if applicable: <u> BE 4 POST OFFICE BOX</u>)	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u>	<u>tered agent and/or registered office address in Floridi</u>	4, enter the name of the
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u>	<u>tered agent and/or registered office address in Florids</u>	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u>	<u>tered agent and/or registered office address in Florids</u>	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u>	tered agent and/or registered office address in Florida and/or the new registered office address: assered Agent	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u>	tered agent and/or registered office address in Florida and/or the new registered office address: 	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u>	tered agent and/or registered office address in Florida and/or the new registered office address: istered Agent (Florida street address)	
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u>	tered agent and/or registered office address in Florida and/or the new registered office address: 	Florida
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: gistered Agent gistered Agent (Florida sireet address) Office Address: (City) (Signature, if changing Registered Agent:	Florida ///////////////////////////////
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	tered agent and/or registered office address in Florida and/or the new registered office address: (istered Agent (Florida street address) Office Address: (City)	Florida ///////////////////////////////
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: gistered Agent gistered Agent (Florida sireet address) Office Address: (City) (Signature, if changing Registered Agent:	Florida ///////////////////////////////
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: tered agent and/or registered office address: tered agent tistered agent tistered algent t	Florida (21p Code) of the obligations of the position.
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: gistered Agent gistered Agent (Florida sireet address) Office Address: (City) (Signature, if changing Registered Agent:	Florida (21p Code) of the obligations of the position.
(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: tered agent and/or registered office address: tered agent tistered agent tistered algent t	Florida (21p Code) of the obligations of the position.
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(Mailing address <u>MAY</u> D. <u>If amending the regist</u> <u>new registered agent</u> <u>Name of New Registered G</u> <u>New Registered G</u>	Y BE A POST OFFICE BOX tered agent and/or registered office address in Florida and/or the new registered office address: tered agent and/or registered office address: tered agent tistered agent tistered algent t	Florida (21p Code) of the obligations of the position.

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)

T

Example:

Please note the officer/director litle by the first letter of the office title:

P = President: V = Vicc President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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 \mathbf{PT} John Doe X Remove \overline{V} Mike Jones \underline{SV} <u>X</u> Add Sally Smith Type of Action Title <u>Addres</u>s <u>Name</u> (Check One) VΡ KATYA MOREJON 12410 SW 187 ST 1) ____ Change X____Add MIAMI, FL 33177 ____ Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change _____ Add ____ Remove 5) ____ Change Add ___ Remove 6) ____ Change ____ Add ____ Remove Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

(Attach <i>additional sheets, if</i>	necessary). (Be specific,	,		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indica	e N/A)
	Page 3 of 4

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The date of each amendment(s date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	Tho more than 90 days after amenament file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): I
"The number of votes c	 ast for the amendment(s) was/were sufficient for approval
b <u>v</u>	······································
	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
12/11/2 Dated	
	D MM
Signature(By	a director, president or other officer - if directors or officers have not been effect, by an incorporator - if in the hands of a receiver, trustee, or other court
	opinted fiduciary by that fiduciary)
	YOSVANY MOREJON CASTILLO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	[I
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