# P18000011765

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Cartificates	of Statue
Certified Copies	_ Certificates	o O Status
Special Instructions to	Filing Officer:	
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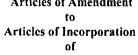
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BLACK & WHITE	CARRIER SOLUTIONS CORP
DOCUMENT NUMBER: P18000011765	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
HECTOR GONZALEZ	
•	Name of Contact Person
BLACK & WHITE CARRIE	R SOLUTIONS CORP
	Firm/ Company
7449 BIG CYPRESS DRIVE	
	Address
HIALEAH FLORIDA 33014	
Asher way is	City/ State and Zip Code
YBCARRIER@GMAIL.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please	e call:
HECTOR GONZALEZ	at (786 ) 703-6704  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

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### **Articles of Amendment** of





#### (Name of Corporation as currently filed with the Florida Dept. of State)

P18000011765			`
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following ame	ndment
A. If amending name, enter the new n	ame of the corporation:		
		The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbrevi "Co". A professional corporation name must contai "P.A."	ation n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7449 BIG CYPRESS DRIVE	
		HIALEAH FLORIDA 33014	
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7449 BIG CYPRESS DRIVE	
		HIALEAH FLORIDA 33014	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	HECTOR GONZALEZ	-	
	7449 BIG CYPRESS DRI	VE	
	(Florida str	reet uddress)	
New Registered Office Address:	HIALEAH	, Florida 33014	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		<u>:</u> with and accept the obligations of the position.	
	3	,	
7	1(7)		
—— <i>F</i>	Signature of New R	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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	YOMAIKY MILLAN GASTELL	13045 SW 68 ST APT 206
Add			MIAMI FLORIDA 33183
X Remove			
2) Change	PT	HECTOR GONZALEZ	7449 BIG CYPRESS DRIVE
A Add			HIALEAH FLORIDA 33014
Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del>~</del>		
Add			
Remove			

(Attach additional sheets, if necessary).	rticles, enter change(s) here: ). (Be specific)	
VERYTHING HAS BEEN SOLD TO H	HECTOR GONZALEZ	
1	2.17	
. If an amendment provides for an ex-	schange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ 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.	
03/22/2018	
Signature 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)	-
YOMAIKY MILLAN GASTELL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>