P180002735/

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	
•		,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ETL Transport Alli	ance Corp	
DOCUMENT NUM	P18000027351		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Eduardo Rodriguez		
	ETL Transport Alliance Corp	Name of Contact Persor	1
	20140 SW 132nd Ave	Firm/ Company	
	Miami FL 33177	Address	
		City/ State and Zip Cod	e
1tLtal	liance@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Eduardo Rodriguez		305 at (962-(K)82
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iting Address undment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, F1, 32301

Articles of Amendment to Articles of Incorporation of

(<u>Name of</u>	Corporation as curre	ntly filed with the Florida Dept	t, of State)		
P18000027351					
 	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.13 its Articles of Incorporation;	006, Florida Statutes, th	is Florida Profit Corporation w	lopts the following ame	ndmen	it(s) i
A. If amending name, enter the new nam	ne of the corporation:				
			The	new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc." or	"Co". A professional corpore			
B. Enter new principal office address, if		20140 SW 132nd AVE			
Principal office address <u>MUST BE A STI</u>		MIAMI FL 33177	MIAMI FL 33177		
		44.		—	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20140 SW 132nd AVE	I ALL	18	
		MIAMI FL 33177		SUV	7
			555	_ - !S	Γ
					- 1
D. If amending the registered agent and new registered agent and/or the new			ne of the	PH 12:	,
EDUARDOR			2. P	: 08 ::	,
Name of New Registered Agent	20140 SW 132nd AVE			•	•
_		street address)			
	MIAMI				
New Registered Office Address:		(City)	, Florida <u>(Zip Code)</u> (Zip Code)		

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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR \neq Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officerbilirector holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: <u>X</u> Change	<u> PT </u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) 1) Change	P	YENSY CALVO	639 SE 13TH AVE # 118
			Cape Coral FL 33990
Add X Remove			
Thomas	Р	EĐUARDO ROĐRIGUEZ	20140 SW 132nd AVE
2) Change X Add			MIAMI FL 33177
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
4.9			
6) Change			
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)				
					
		-			
··					
	. 1.2.				
			<u>-</u>		
				.,	
					
					
If an amendment provides for an exp provisions for implementing the an (if not applicable, indicate N/A)	change, reclassific tendment if not co	cation, or cancel ontained in the a	lation of issued sl mendment itself:	iares,	
			·		
				· · ·	

	08/13/2018	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	8/13/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	ı
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ıı
The number of votes c	ast for the amendment(s) was/were sufficient for approval	
př	(voting group)	
	(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	
08/13/2	018	
Dated		
Signature		
	a director, president or other officer - if directors or officers have not been	
	Cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
\(\frac{1}{1}\tau_1\)		
	YENSY CALVO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	