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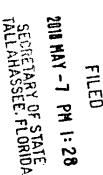
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G. GOLDEN NAY 1 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MERLYN & J TRA	ANSPOPRT INC		
DOCUMENT NUMBER: P18000030278	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
JUAN RUIZ			
-	Name of Contact Person	1	
MERLYN & J TRANSPOPR	TINC		
	 		
	Firm/ Company		
198 NW 46TH AVE APT 12			
	Address		
MIAMI FL 33126			
	City/ State and Zip Code		
	2.17		
JRUIZ1960.JR@GMAIL.COM			
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please	call:		
JUAN RUIZ	at (51-9722	
Name of Contact Person		de & Daytime Telephone Number	
England is a shock for the following accounting to	multiple of PL 11 D		
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rinent of State;	
■ \$35 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)	
Mailing Address	Street /	Address	
Amendment Section		ment Section	
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Ι.	***	~ I I4	CC J	111	כוות	r Or	1/1	111

P18000030278

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corporat</i>	ion adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:		
MERLYN & J TRANSPORT INC			The
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional co	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> <i>OFFICE BOX</i>)	N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			e name of the
-			
	(Florida	street address)	
New Registered Office Address:	N/A		ri
New Negisterea Office Address.		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registed.			ations of the position.
	Signature of New	Registered Agent, if chang	ging

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	Y	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			
Remove			
3) N/A Change	N/A	N/A	N/A
Add			
Remove			
4) N/A Change	N/A	N/A	N/A
Add			
Remove			
5) N/A Change	N/A	N/A	N/A
Add			
Remove			<u></u>
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

(Attach addi	g or adding additional itional sheets, if necessa	ויאי). (Be specific)		
I/A ·	•				
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If an amend	dment provides for an for implementing the	exchange, reclass	fication, or cancel	lation of issued shar mendment itself:	res,
(if not	applicable, indicate N/.	4)	contained in the a	incuanici (Sen.	
/A					
					
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•	· ' N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_	/A	
Effective date if applicable:		
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in thi document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separ	
"The number of votes ca	st for the amendment(s) was/were sufficien	nt for approval
byN/A		v
-/	(voting group)	·
action was not required. The amendment(s) was/were a	dopted by the board of directors without shadopted by the incorporators without shareh	
action was not required.		
05/01/20 Dated	18	
Dates	M	
Signature	11	
	director president or other officer – if dire	
	d, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	a receiver, trustee, or other court
	JESUS TROYA	
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person s	signing)