DISONO 34083

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(Ac	idress)			
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May

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GDD TRANSPORTATION INC
DOCUMENT NUMBER: P 13000034083
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person MIAM; TAX Accounting Mangement Service Firm/ Company
18901 SW 106 Art STEA 103
(Tadivio
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 318 830 O Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (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

Articles of Amendment to Articles of Incorporation

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(Name of Corner	ration as currently filed with the Floric	da Dent, of State)		
P 13000034083	action as currently mea want the violat	,		
(Doc	cument Number of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Profit Corpor	ation adopts the following	g amendmer	ıt(s) to
A. If amending name, enter the new name of the	e corporat <u>ion:</u>			
			_The _new	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	orp," "Inc," or "Co". A professional	incorporated" or the ab corporation name must c	pbreviation contain the	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	able:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered.	istered office address in Florida, enter	the name of the	18 MAT AN APPLIANCE OF THE PARTY OF THE PART	71FFF
Name of New Registered Agent			-	
	(Florida street address)		-	
New Registered Office Address:		, Florida		
	(Cuy)	(Zip C	, odej	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the ob	ligations of the position.		
	Signature of New Rogistored Agent if ch	anvina	-	

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	<u>Name</u>	<u>Addres</u> s
1) Change Add	Pres	Daneicy Dela Rosa	60009 50 SW 69 mare Withur Fl 33144
Remove 2) Change Add	Pies	Danei ay Do la Rosalo	mia 50 SW 69 Mue
Remove 3) Change Add			HIAMI H 33144
Remove Change Add			
Remove 5) Change Add			
Change Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
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lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

• • •		
The date of each amendment(s) adoption:	04/11/18	, if other than the
date this document was signed.	21112	
Effective date <u>if applicable</u> :	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet locument's effective date on the Department of State's re-		this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.		dment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group each solutions.	olders through voting groups. The following ntitled to vote separately on the amendment(statement (s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	 φ)	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the incorpor action was not required.	ators without shareholder action and shareho	lder
Dated 5 2118	\sim \sim \sim \sim \sim \sim	
Signature (By a director president or o	other officers if directors or officers have no	COMC
	r – if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that	fiduciary)	
Dar	reicy Dela Ko	SA COMA
(Typed o	or printed name of person signing)	
<u>-Pr</u>	is S	
	(Title of person signing)	