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SEP 26 PN 4: 07

LANDASSE, FLORIDA

SEP 2 7 2018 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DSD TRANSPOR	T SERVICES INC	
DOCUMENT NUME	221.20000219		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HEYDI ALVAREZ		
		Name of Contact Perso	n
	DSD TRANSPORT SERVIC	CES INC	
	· <del></del>	Firm/ Company	
	12425 SW 187TH ST		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33177		
		City/ State and Zip Cod	e
For further information	n concerning this matter, pleas	sed for future annual report	
HEYDI ALVAREZ		at (	556-0242
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Issox 6327 Issaece, FL 32314	Ameno Divisio Cliftor 2661 I	Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

DSD TRANSPORT SERVICES INC.

DSD TRANSPORT SERVICES INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	<u> </u>
P18000045488		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	forida Profit Corporation adopts the fe	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		ent.
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<u> </u>
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		(RES) (RES) (RES)
		<del></del>
(Florida stree	t address)	
New Registered Office Address:	, Florida, Florida	(Tin Code)
rc	uis)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the pos	ition.
Signature of New Reg	gistered 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Je	ones .	
X Add	<u>sv</u>	<u>Sally S</u> ı	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SC		RAUL DIEGO	12425 SW 187TH ST
X Add				MIAMI, FL 33177
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				<del></del> .
Remove				
6) Change		_		
Add				
Ramava				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an excl	hange, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not containe	<u>d in the amendment</u>	<u>itself:</u>	
	_			_
				<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
tvoting group)	
☐ 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.	
09/21/2018	
Dated	
Signature (1)	
(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)	<del>-</del>
HEYDI ALVAREZ	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)