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Special Instructions to Filing Officer:				

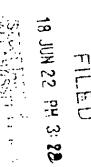
Office Use Only



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Amend

COVER LETTER

TO: Amendment Section

Division of Corp				
NAME OF CORPO	RATION: AFT T	RANSPORT -	SOLUTIONS, INC	•
DOCUMENT NUM	BER: P1800004	9033		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Here	NAN LAGOS		
	TRANSPORTATIO	Name of Contact Perso	ERVICES OF SOUTH	FLORIDA
	7883 N.W. 1	Firm/ Company		
		Address		
	-HIALE	AH, F(330	15	
		City/ State and Zip Cod	e	
	hernan.ti	rs of gmall . co	רא report potification)	_
	t-man acaress, y	to be used to rather armae	ii report notification)	
For further information	on concerning this matter, pleas	se call:		
HERNA	N 4A60S	at (786	,200-3370	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)	
	iling Address		Address	
	nendment Section vision of Corporations		Iment Section on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation AR J TRANSPORT SOLUTIONS, JUC

(Name of Corporation as currently 1		<u>ate</u>)		
P 18000049	1033			
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florid Incorporation:	da Statutes, this corporation adopt	s the following amendme	nt(s) to its	Article
A. If amending name, enter the new name of the c	orporation:			
			The i	מניוני
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	r "incorporated" or the nal corporation name mu	abbreviai ist contain	tion the
B. Enter new principal office address, if applicable	e:	ž	्र [†]	
(Principal office address MUST BE A STREET AD				
		<u>エ</u> ジ	JUN 22 PH 3:	FILED
		<u>~</u>	H	[1]
C. Enter new mailing address, if applicable:		- :		Ü
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_ သ _ လ	
			<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the		
Name of New Registered Agent	tes a la Maria			
	(Florida street address)			
	(1 milita street datavess)			
New Registered Office Address:		, Florida		
	(City)	(z.p cou	()	
New Registered Agent's Signature, if changing Re-				
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the positio	n.	
				
Nonature of N	low Registered Agent if changing			

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 = 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.

X Change	<u>PT</u>	John De	<u>oc</u>			
X Remove	<u>V</u>	Mike Jo	nes			
<u>X</u> Add	<u>\$V</u>	Sally Sr	nith			
Type of Action (Check One)	<u>Title</u>		Name	\bigcirc	2	Address
1) Change	VP	_	MARIA	KALUEZ	KEINA	580 W 36th PL
✓ Add						HIALEAH, FL 33012
Remove						
2) Change	_	_ _			.	
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change				·		
Add						
Remove						
5) Change						
Add						
Remove						
б) Change		_				
Add						
Remove						

	Attach additional sheets, if necessary). (Be specific)
•	
	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	ovisions for implementing the amendment if not contained in the amendment itself:
•	(if not applicable, indicate N/A)
	<u> </u>

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The date of each amendment(s) adoption: 06/12/2018 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting 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.	
Dated 06/12/2018 Signature Asserted or, 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)	
LISANDRA ACOSTA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_