P18 0000 75644

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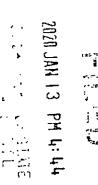
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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PROMAX TRANS	PORTS INC				
DOCUMENT NUMBE	R:					
	Amendment and fee are sub	omitted for filing.				
Please return all corresp	ondence concerning this matt	ter to the following:				
(CARLOS PEREZ					
		Name of Contact Person				
(PEREZ PROFESSIONAL	SERVICES INC				
-		Firm/ Company				
-1	4343 W WATERS AVE					
_		Address				
	ГАМРА, FL 33614					
-		City/ State and Zip Code				
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)			
CARLOS PEREZ			249-2300			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Piling Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ing Address Indigent Section Ission of Corporations Box 6327 Islansee, FL 32314	Ameno Divisio Clittor	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

PROMAX TRANSPORTS INC

(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	te)
P18000075644		
(Document Number	of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
PROMAX PAVERS INC		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, if applicable:	4343 W WATERS AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA FL 33614	
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		70 0 22
	•	ξ ω τ
		——————————————————————————————————————
		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		e Fil F
Name of New Registered Agent		
(Florida s	ireet address)	
New Registered Office Addiress:	, Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		position.
		•
Charles and Alberta	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	PT	John Doc	
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			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· <u>······</u>	
Add			
Remove			

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	<u> </u>				
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an amendment provides for an excl	muna raelaccifi	ication ar can	collation of icc	nod charec	
rovisions for implementing the ame	ndment if not c	ontained in th	e amendment	itself:	
(if not applicable, indicate N/A)					
		•			
					

The date of each amendment(s) ac	loption;	, if other than the
date this document was signed.	**************************************	
09/0 Effective date <u>if applicable</u> :	5/2018	
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(fficient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.~	
·	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
01/10/2020 Dated Signatury	<i>J</i>	
(By a gr	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	SOARES DE ARAUJO, EPHRAIM B	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(little of person signing)	