P18000016956

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S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	TATION CORP	
	ER: P18000076956		
The enclosed <i>Articles σ</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
η	TAIRI TELLEZ		
_		Name of Contact Person	1
J	MT TRANSPORTATION O	CORP	
_	·- <u></u>	Firm/ Company	
6	355 SW 8 ST UNIT 909		
_		Address	
Ŋ	MIAMI FLORIDA 33144		
-		City/ State and Zip Cod	<u> </u>
INTTI	RANSPORTATIONCORP@	EGMAIL COM	
		sed for future annual report	notification)
	is main address. (to be a	sea for fattire tillitati report	notification)
For further information	concerning this matter, pleas	se call:	
TAIRI TELLEZ		at (444-1851
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amen Divis P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

Articles of Amendment to Articles of Incorporation of

JMT TRANSPORTATION CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000076956	
(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:	Iorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
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 must contain the
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) D. If amending the registered agent and/or registered office address 	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win	th and accept the obligations of the position. zistered 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JORGE TELLEZ	6355 SW 8 ST UNIT 909
Add			WEST MIAMI FLORIDA 33144
X Remove			
2) Change	SCR	MICHELLE TELLEZ	6355 SW 8 ST UNIT 909
Add			WEST MIAMI FLORIDA 33144
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
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	. , -			
				
				
£				
f an amendment provides for an exch provisions for implementing the ame	<u>nange, reclassificat</u> endment if not cont	ion, or cancellat ained in the am	<u>ion of issued sha</u> •ndment itself:	res.
(if not applicable, indicate N/A)	<u></u>			
				

Thu date of analy amondment(s) as	doption: 9//3/18	if other than the
date this document was signed.	10ption	
<u> </u>	100 more than 90 days after amendment file do	
	tno more than 90 days afte f amendment file do	(fe)
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirement of State's records.	ents, this date 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	opted by the shareholders. The number of votes cast for the a dfficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
. — — — — — — — — — — — — — — — — — — —	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action an	3 shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sha	rcholder
Dated9	irector, president or wher officer – if directors or officers ha	
Signature	Tally	
(By a d	lirector, president or wher officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee. G	ve not been
	ted fiduciary by that fiduciary)	n other court
	Tajki TE/IEZ (Typed or printed name of person signing)	
	PRESIDENT - TREASURE (Title of person signing)	JR.
	(Title of person signing)	· — — —