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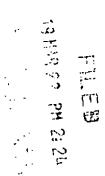
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S TALLENT MAR 2 5 2019







March 20, 2019

OSVALDO HERNANDEZ O&D BEST TRANSPORT, CORP 7356 WEST 15TH CT HIALEAH, FL 33014

SUBJECT: O&D BEST TRANSPORT, CORP

Ref. Number: P19000006598

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00004539

Susan Tallent Regulatory Specialist II

www.sunbiz.org

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March 6, 2019

OSVALDO HERNANDEZ O&D BEST TRANSPORT, CORP 10334 NW 31ST AVE MIAMI, FL 33147

SUBJECT: O&D BEST TRANSPORT, CORP

Ref. Number: P19000006598

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 919A00004539

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2019

OSVALDO HERNANDEZ O&D BEST TRANSPORT, CORP. 10334 SW 31ST AVE MIAMI, FL 33147

SUBJECT: O&D BEST TRANSPORT, CORP

Ref. Number: P19000006598

We have received your document for O&D BEST TRANSPORT, CORP, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 919A00004012

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: O&D BEST TRAN	NSPORT	
DOCUMENT NUMB	ER: P19000006598		440
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	OSVALDO HERNANDEZ		
·		Name of Contact Person	1
	O&D BEST TRANSPORT		
•		Firm/ Company	
	10334 NW 31st AVE		
•		Address	
	MIAMI FL 33147		
-		City/ State and Zip Cod	e
	F-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
OSVALDO HERNAN	IDEX	786 at (	3144363
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

O&D BEST TRANSPORT, COPP

P19000006598	of Corporation as currently t				
1 プロハバハウンプロ					
<del></del> -	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this FI	orida Profit Corporation adopts the fo	ollowin	g amer	ndment(s)
A. If amending name, enter the new na	ame of the corporation:				
name must he distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	sation "Corp," "Inc." or "Co	o". A professional corporation name			ation
B. Enter new principal office address, Principal office address MUST BE A S	if applicable:	10334 NW 31st AVE MIAMI FL 33	147		
				٩	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10334 NW 31st AVE MIAMI FL 33	14.7	An 2.	市區
			<u>;;</u>	PM 2:	一包
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the		1.5	
Name of New Registered Agent	OSVALDO HERNANDEZ				
	10334 NW 31st AVE			_	
	(Florida stree	t address)		-	
	MIAMI	3	3147		
New Registered Office Address:	MIAMI	. Florida 🧻	J (4)		

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 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	P	OSVALDO HERNANDEZ MARTIN	7636 WEST 15th CT
Add X Remove			HIALEAH FL 33014
2) Change	P	OSVALDO HERNANDEZ	10334 NW 31st AVE
X Add			MIAMI FL 33147
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional At d sheets, if necessary)	). (Be specific)			
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f an amendmer	nt provides for an ex	change, reclassific	cation, or cancella	tion of issued share	<u>s.</u>
provisions for	implementing the an	<u>nendment if not co</u>	ontained in the am	endment itself:	
(if not appl	icable, indicate N/A)				
<u></u>	<del></del>				
				<del></del> ,	<del> </del>
_					
					, <u> </u>

•	03/18/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	8/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
-	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
03/18/2019 Dated		
Signature	Irector, president or other officer – if directors or officers have not been	_
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if (n the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	OSVALDO HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>