P1900030851

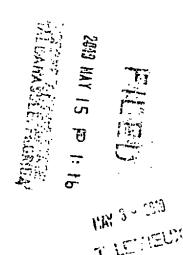
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CFG TRANSPORT CO	RP
DOCUMENT NUMBER: P19000030851	
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
NIOVER CASTILLO VALDES	
N: CFG TRANSPORT CORP	ame of Contact Person
	Firm/ Company
450 F. 25TH ST	
	Address
HIALEAH FL 33013	
Ci	ty/ State and Zip Code
cfgtransportcorp@gmail.com	
E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, please call	l:
NIOVER CASTILLO VALDES	at (786) 469-1367
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
Certificate of Status (7	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is cnclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CFG TRANSPORT CORP (Name of Corporation as currently filed with the Florida Dept. P19000030851 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 450 E 25TH ST B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HIALEAH FL 33013 C. Enter new mailing address, if applicable: 450 E 25TH ST (Mailing address MAY BE A POST OFFICE BOX) HIALEAH FLL 33013 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NIOVER CASTILLO VALDES Name of New Registered Agent 450 E 25TH ST (Florida street address) , Florida___ HIALEAH New Registered Office Address: (Cirv) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position. 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe		
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) X Change	P	NIOVER CATI	LO VALDES	450 E 25TH ST
Add				HIALEAH FL 33013
Remove				
2) Change	SEC	ELSA VEIGA		411 E 37TH ST
Add				HIALEAH FL 33013
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
() Change				
6) Change		- 	·	
Add				
ecentave.				

. If amending or adding additional Articles,	enter change	us) here.
(Attach additional sheets, if necessary). (Be	specific)	
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If an amendment provides for an exchange	<u>, reclassifical</u>	tion, or cancellation of issued shares,
provisions for implementing the amendme	nt if not con	tained in the amendment itself:
(if not applicable, indicate N/A)		
	•	
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	-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record	 upplicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	 s/were sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
O5-13-2019 Dated Signature	
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
Carlos E Sabillon	
(Typed or pri	nted name of person signing)
PRESIDENT	
	! Title of person signing)

Page 4 of 4