## P19000035219

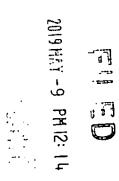
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## COYER LETTER

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: PREMIUM TRANSPORT, CORP DOCUMENT NUMBER: P19000035219 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOLEXIS FUENTES Name of Contact Person PREMIUM TRANSPORT, CORP Firm/ Company 10253 NW 9th STREET CIRCLE, APT, 306 Address MIAML FL 33172 City/ State and Zip Code yolexyfuentes@yaboo.es E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 905-8272

Area Code & Daytime Telephone Number YOLEXIS FUENTES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



PREMIUM TRANSPORT, CORP.

2019 HAY -9 PM 12: 14

	filed with the Florida Dept. of State)
P19000035219	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
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 "Cword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	
Signature of New Re	gistered 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	YOLEXIS FUENTES	10253 NW 9th St Circle, Apt; 306
Add			MIAMIL FL 33172
Remove			
2) X Change	VP	LILIANA SAINZ DE LA TORRE	10253 NW 9th St Circle.Apt:306
Add			MIAMI, FL 33172
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
Channel Channel			
6) Change	<u> </u>		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)	
	N/A	
<del></del>		
	·	
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· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	NI/ V	
	N/A	
<del>.</del>	INIA	
	IN/A	
	IN/A	
	INA	<u>-</u>
	INIA	
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The date of each amendment(s) a	MAY 2, 2019	, if other than the
date this document was signed.	adoption:	, if other than the
_	AY 2, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
MAY 2.	2019	
Dated		
Signature	Takill	
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
аррог	nted fiduciary by that fiduciary)	
	YOLEXIS FUENTES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	