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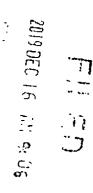
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COVER LETTER

O: Amendment Section **Division of Corporations**

AME OF CORPORATION: US CROS	SS COUNTRY FREIGHT INC				
OCUMENT NUMBER: P1900008605					
he enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning	ng this matter to the following:				
Roberto Machado					
	Name of Contact Person				
Simplex Group					
	Firm/ Company				
7500 NW 52nd St,	STE 100				
Address					
MIAMI, FL 33166					
	City/ State and Zip Code				
i de la composição de l	lawaraya gat				
processingpermits@simp	s: (to be used for future annual report notification)				
E-mail address	s: (to be used for fature annual report normeactors)				
For further information concerning this m	atter, please call:				
ROBERTO MACHADO	at (305) 599-8287				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

S CROSS COUNTRY FREIGHT INC

(Name o	f Corporation as currently	filed with the Florida Dept. of State)
19000086055		. <u>.</u>
	(Document Number of	Corporation (if known)
ursuant to the provisions of section 607.1 s Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new na	me of the corporation:	
		The new
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,"	'orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	
Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>OFFICE BOX</u>)	
D. If amending the registered agent an	id/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the nev		<u>i</u>
Name of New Registered Agent	Diana M Cañas Cardona	
<u> </u>	4149 ROLLING SPRINGS	3 DR
	(Florida str	eet address)
New Registered Office Address:	TAMPA	, Florida
New Registerea Office Address.		(City) (Zip Code)
•	thanging Registered Agent tered agent. I am familiar	with and accept the obligations of the position.
× Ou	Signature of New A	Registered Agent, if changing

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and idress of each Officer and/or Director being added: (ttach additional sheets, if necessary) lease note the officer/director title by the first letter of the office title: = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. resident, Treasurer, Director would be PTD. hanges 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 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, fike Jones, V as Remove, and Sally Smith, SV as an Add. xample: PT John Doe X Change X Remove V Mike Jones X Add <u>SV</u> Sally Smith <u>Addres</u>s ype of Action Title Name Check One) 4149 ROLLING SPRINGS DR Diana M Cañas Cardona __ Change TAMPA, FL 33615 Add Remove 4149 ROLLING SPRINGS DR Diego Antonio Di Lernia Change TAMPA, FL 33615 Remove Mariano Di Lemia 4149 ROLLING SPRINGS DR Change TAMPA, FL 33615 5 Remove 4149 ROLLING SPRINGS DR Juan Ignacio Di Lernia SEC Change TAMPA, FL 33615 Remove 5) ____ Change Add Remove 6) ____ Change Add Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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		<u> </u>
(if not applicable, indicate N/A)	nt if not contained in the amendment itself:	
		
	 -	
		·
_		
	Page 3 of 4	
		if other than
date of each amendment(s) adoption:		, ii outer man
this document was signed.		
ective date if applicable:		·
ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	

te: If the date inserted in this of tument's effective date on the De	-	s.
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su		The number of votes cast for the amendment(s)
		through voting groups. The following statement 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 ado action was not required.	pted by the board of direc	tors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators	without shareholder action and shareholder
Signature V) iona H co	officer – if directors or officers have not been
selected	rector, president or other of the file of	n the hands of a receiver, trustee, or other court
	Diana M Cañas Cardona	
	(Typed or prin	ated name of person signing)

Owner Officer
(Title of person signing)