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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ISMAEL MARAN	TE TRANSPORTATION C	ORP
DOCUMENT NUMB	ER: P20000016697		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ISMAEL MARANTE PEREZ	2	
		Name of Contact Person	
		Firm/ Company	
	7103 W 19TH CT		
		Address	
	HIALEAH, FL 33014		
		City/ State and Zip Code	
	ADELISMASSON38@GMA	IL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ADELIS MASSON		786	252-5590
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depo	irtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ISMAEL MARANTE TRANSPORTATION CORP

(Name o	f Corporation as currently	filed with the Florida D	ept, of State)
P20000016697		_	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	r adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	orp," "Inc," or "Co". A or the abbreviation "P.A."	ompany," or "incorporate professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)		
			-0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	5
		\ 	
D If amending the registered agent an new registered agent and/or the new	id/or registered office addi w registered office address	ress in Florida, enter the	name of the
Name of New Registered Agent	ISMAEL MARANTE PEI		
Name of New Negation (Wingson	7103 W 19TH CT		
	tFlorida str	eet address)	
New Registered Office Address:	HIALEAH		, Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if classifier the Agent's Properties of the Agent's Properties	changing Registered Agent tered agent. I am familiar	<u>:</u> with and accept the obliga	tions of the position.
	Isnael	Recent .	
	Signature of New h	legistered Agent, if change	ing
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e). F.S.	

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 Doe		
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) X Change	P	ISMAEL MARANTE PEREZ	7103 W 19TH CT	
Add			HIALEAH, FL 33014	
Remove				
2) Change			2020	
Add			2020 HAR	
Remove 3) Change			- 2 :	
Add				i i Lame Lame
Remove			50	
4) Change				
Add				
Remove				
5)Change				
Add				
Remove				
6) Change	-			
Add				
Remove				

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
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	03/02/2020	, it other than the
The date of each amendment(s) adop date this document was signed.	tion:	IT OUTER TAKEN
Effective date if applicable:		
	tno more than 90 days after amendm	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing rtment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes ca cient for approval.	st for the amendment(s)
☐ The amendment(s) was/were appromust he separately provided for ea	ved by the shareholders through voting groups, ch voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for appr	toval
by		<u>.</u>
-	(voting group)	
03/02/2020 Dated		2020 MAR 2
Signature	mad Noute.	
selected, b	ctor, president or other officer – if directors or oby an incorporator – if in the hands of a received fiduciary by that fiduciary)	r, trustee, or other court
IS	MAEL MARANTE PEREZ	: 5 0
	(Typed or printed name of person sign	ing)
Pi	RESIDENT	

(Title of person signing)