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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: USA MARIN TRA	ANSPORT INC				
DOCUMENT NU	MBER: P20000068051					
	cles of Amendment and fee are su	bmitted for filing.				
Please return all co	orrespondence concerning this ma	tter to the following:				
	ALAN MARTINEZ					
		Name of Contact Person	1			
	SIMPLEX GROUP					
	Firm/ Company					
	7500 NW 52ND ST STE 100	•				
	Address					
	MIAMI, FL 33166					
	<u> </u>	City/ State and Zip Cod	e			
	processingpermits@simplexg	group.net				
	E-mail address: (to be us	sed for future annual report	notification)			
	ation concerning this matter, please		599-8287			
	me of Contact Person	at (at Co	) 599-8287 de & Daytime Telephone Number			
	k for the following amount made					
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 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	Ameno Divisio The C 2415 (	Address Inent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303			

## Articles of Amendment to Articles of Incorporation of

HSA MARIN TRANSPORT INC

USA MAKIN TRANSPORTING	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P20000068051	
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
US MARIN TRANSPORT INC	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	." "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
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> )	
	ري ب
	٠,١
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
N CN Designal Lange	
Name of New Registered Agent	
(El.,.; J	da street address)
ti na ne	at street data cosy
New Registered Office Address:	(City) , Florida (Zip Code)
	(Elly) (Elly Cont.)
New Registered Agent's Signature, if changing Registered Ag	gent:
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.
Signature of Vi	ew Registered Agent, if changing
Mynature of the	. a regimered agent, y entarging
Check if applicable	(A) (A) (B)
☐ The amendment(s) is/are being filed pursuant 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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	<u>ies</u>	
X Add	<u>SV</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		<del></del>
Add				
Remove			-	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove			_	
5) Change	_			
Add				
Remove				
6) Change				
Add		<del></del>		
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Kemore			•	

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If an amendment provides for an exc provisions for implementing the ame	hange, reclassificat	ion, or cancellati	<u>ion of issued shai</u> indicant itself:	es,
(if not applicable, indicate N/A)	and inches	anco in the ame		
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	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file do	ute)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	ients, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ifficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	wing statement nent(s);
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
9/8/2020 Dated		
selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
·	JOSE MARIN PENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	