## P930000 65425

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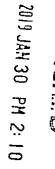


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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANSPORTA	TION FINANCIAL SERVICES, INC.
DOCUMENT NUMBER: P93000065425	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
ATT: ALIDA RODRIGUE	ZZ
	Name of Contact Person
TRANSPORTATION FIN	ANCIAL SERVICES, INC.
	Firm/ Company
1450 CENTREPARK BLV	7D., SUITE 100
	Address
WEST PALM BEACH, FU	. 33401
	City/ State and Zip Code
ARODRIGUEZ@SIBONEYCC.	COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	
ALIDA RODRIGUEZ	at ( 561
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2019 JAN 30 PM 2: 10

to

TRANSPORTATION FINANCIAL SERVICES, INC.

<del></del>	
	on as currently filed with the Florida Dept. of State) STATE
P93000065425	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ul>	
Name of New Registered Agent	
	(Florida street address)
	Thorna in Community
New Registered Office Address:	Florida
	τειιγή τειρ εσίας
New Registered Agent's Signature, if changing Regi	istered Agent:
	I am familiar with and accept the obligations of the position.
	ature of New Registered Agent, if changing
5.5	An in the contract of the cont

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 Doc	:	
X Remove	$\underline{V}$	Mike Jon	<u>es</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	:	<u>Name</u>	<u>Addres</u> s
!) Change	СТО		JEFF A. WOODARD	1450 CENTREPARK BLVD
X Add				SUITE 100
Remove				WEST PALM BEACH, FL 33401
2) Change				
Add				
Remove				
3 ) Change		<del></del>		
Add				
Remove				<u> </u>
4) Change				
Add				<del> </del>
Remove				<del></del>
51 Change		<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
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	<del>,, , , , , , , , , , , , , , , , , , ,</del>
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	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
·	·
	<del></del>
	<del> </del>

The date of each amendment date this document was signed		, if other than the
	01/24/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(sere sufficient for approval.	;)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholde	r
action was not required.  Dated  Signature		
Sc	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	t
	(Typed or printed name of person signing)	
	(Title of person signing)	