0067018

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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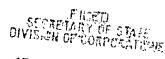
OCT 26 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LIFE CARGO INC		
DOCUMENT NUMB	P95000067018		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Sonia Garcia		
		Name of Contact Persor	1
	Life Cargo Inc.		
•		Firm/ Company	
	9565 NW 40th Street Rd		
•		Address	
	Doral, Fl 33178		
-		City/ State and Zip Code	2
sonia	Dlifegp.us		
	- -	sed for future annual report	notification)
	(
For further information	concerning this matter, pleas	se call:	
Sonia Garcia		at (4717970
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building xecutive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of



LIFE CARGO INC.

15 OCT 23 AM 8: 56

95000067018		tly filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.100 s Articles of Incorporation:	06, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)	
. If amending name, enter the new name	e of the corporation:	•	
		N/A The new	
	on "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		9565 NW 40th Street. Rd	
Principal office address <u>MUST BE A STR</u>		Doral, Fl 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9565 NW 40th Street. Rd	
		Doral, Fl 33178	
 If amending the registered agent and/o new registered agent and/or the new r 			
	Sergio S Leao		
	148 NW 54th Doral Cir	rcle Lane	
	(Florida s	street address)	
94	<i>(Florida s</i> oral	street address) , Florida 33178	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P/D/S	_	SERGIO S LEAO	9448 NW 54th Doral Circle Lane
Add				Doral, Fl 33178
Remove				
2) Change		_		
Add				***************************************
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)	
		N/A
		•
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	· ·	
If an amendment provides for an exch	ange, reclassification, or	cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained is	the amendment itself:
(ij not applicable, macate WA)		
	······	
		N/A
		
······································		
		· · · · · · · · · · · · · · · · · · ·

The data of each amendment(s) adoptions N/A	
the date of each amendment(s) adoption:	f if other than the
date this document was signed.	DIVISION OF CORPUS TAKE
IMMEDIATELY Effective date if applicable:	15 00-
(no more than 90 days after amendment file date)	15 OCT 23 AM 8: 56
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 16/16/2015	
Signature	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
appointed reducinty by that reducinty)	
SERGIO S. LEAD	
(Typed or printed name of person signing)	
Me 57 d ent (Title of person signing)	
(Title of person signing)	