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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	Dacama	raceportation	n Incorporated
DOCUMENT NUMB	BER: <u> </u>	1055044	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Michael	Ronchrent Name of Contact Person	ro/Jamine Burchill
	649 St	Firm/ Company Ave S Address	outh
	Noples	FL 341 City/ State and Zip Cod	<u>0</u>
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jasmine	Burchill	at (339	877 <i>-6</i> 525
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
·	ing Address ndment Section		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



649 Fifth Avenue South Naples FL 34102 Phone: (239) 434-0777 Fax: (239) 434-0778

August 14, 2012

To Whom It May Concern:

We would like to change our name from A+S Transportation Incorporated to A&S Transportation Incorporated. The only change would be the symbol, from a plus sign to an ampersand. Included is a check for the filing fee. Should you have any questions please contact me at 239-877-6525.

Thank you,

Michael Bondarenko/Jasmine Burchill

Articles of Amendment

Articles of Incorporation of

A+5	Transportation ration as currently filed with the Flor	Incorporated
(Name of Corpor	ration as currently filed with the Flor	rida Dept. of State)
P96000	053044	

nendment(s) to

(Document	Number of Corporation (if	known)		
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes, this I	Clorida Profit Corporation add	pts the following an	nendme
A. If amending name, enter the new nan	ne of the corporation:			
ARST	vaindatina	Incorporated	TI.	
name must be distinguishable and conta	in the word "corporation	," "company," or "incorpor	ated" of the abbre	e new viation
"Corp.," "Inc.," or Co.," or the designal	tion "Corp," "Inc," or "C	Co". A professional corporati	ion name m ust c oni	ain the
word "chartered," "professional association	on, or the aboreviation i	т.н.		'9
B. Enter new principal office address, if		Some	8	5
(Principal office address <u>MUST_BE A STI</u>	<u>REET ADDRESS</u>)			; <u> </u>
			77)	C
C. Enter new mailing address, if applica		Consens	33	
(Mailing address MAY BE A POST O	FFICE BOX)	Jane	4	
			 	
 If amending the registered agent and new registered agent and/or the new 		ess in Florida, enter the name	of the	
	C -			
Name of New Registered Agent	some			
<u>-</u>				
	(Florida stre	et address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
N B I I I I I I I I I I I I I I I I I I				
New Registered Agent's Signature, if cha I hereby accept the appointment as register		ith and accept the obligations	of the position	
y marty mar appointment as regimer	van jamma n	and decept the obligations	og the position.	
Circu	ature of New Registered As	zant if ahanain-		
Sign	uime oj wew Kegisterea Ag	gent, ij changing		

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	1.	<u>Name</u>	Address
1) Change	N	A		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If ameno</u> (Attach <i>a</i>	<u>ling or adding</u> dditional sheet	z additional Arti s, if necessary).	cles, enter cha (Be specific)	inge(s) here:			
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provisio	ons for implen	vides for an exch menting the ame	ange, reclassifud not	fication, or car contained in t	ncellation of is he amendmen	ssued shares, t itself:	
(if)	not applicable,	indicate N/A)					
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				···-	<u> </u>		
		<u>-</u> .					
							

he date of each amendment(s) ad	loption:8	19/12		<u>.</u>
ffective date if applicable:	8/15/	liコ		
meetive date <u>ir appricable</u> .	(no n	nore than 90 days aft	ter amendment file da	ite)
doption of Amendment(s)	(<u>CHECK (</u>	ONE)		
are amendment(s) was/were ado by the shareholders was/were suf			of votes cast for the a	mendment(s)
The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment	t(s) was/were sufficie	nt for approval	
by				
,	(voting gro	oup)		
The amendment(s) was/were ado action was not required. Dated	opted by the incorp	oorators without share	holder action and sha	ıreholder
selected		tor - if in the hands o	irectors or officers had a receiver, trustee, o	
	Micho	el Bordo d or printed name of p	person signing)	·
	_ Pres	oident .		
	(Tit	tle of person signing)	•	