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(Re	equestor's Name)	<u> </u>
(Ad	dress)	
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(Cíl	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

NC Tlewis 5-20-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:CARE BE	EAR FRANSPORT 8 MOVING INC
DOCUMENT NUMBER: P980000	57084
The enclosed Articles of Amendment and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Elizabeth L Name of C	PIZZIARELLO Contact Person
CAREBEAR TRANSP	ORT & MOVING Inc
4161 NM 73rd	STREET
COCONUT CREEK City/ State	e and Zip Code
CAREBEAR TRIMSPORT E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please of	call:
EIZABETH L. PZZIARFLLO at	at (954) 818 - 2016 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee &
Amendment Section Arr Division of Corporations Di P.O. Box 6327 Cl Tallahassee, FL 32314 26	treetAddress mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

_	Articles of Amendmen	ıt	
,	to	F/L	En
	Articles of Incorporatio	on 'I'm	CD
_	of	09 MAY 13	AM 11
CARE BEAR TRANS	SPORT & MOV	JING INC GEORGIAN	40) 11: 45
(Name of Corporation as curre			OF_STATE
P980000 57 084		",OSEE,	FLORID,
	iber of Corporation (if kno	wn)	
`	•	•	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of	the corporation:		
CARE BOAR REFRIGER	ATED TRANS	PORT THE The ne	14/
name must be distinguishable and contain t	he word "corporation,"	"company," or "incorporated" or the	ne
abbreviation "Corp.," "Inc.," or Co.," or the	designation "Corp," "Inc	"," or "Co". A professional corporation	on
name must contain the word "chartered," "proj	essional association, or	the appreviation "P.A."	
B. Enter new principal office address, if appl	icable:		
(Principal office address MUST BE A STREE	TADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	TE ROXI		
maning unus MAT DE AT OBT OFFICE	<u></u>		
			
D. If amending the registered agent and/or re	egistered office address in	Florida, enter the name of the	
new registered agent and/or the new regis			
Name of New Registered Agent:			
Nume of their Registered Agent.			
New Registered Office Address:	(Florida street a	(ddress)	
		, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	a Desistand Asset		

Signature of New Registered Agent, if changing

(Attach adi	nd title, name, and address of ditional sheets, if necessary)	of each Officer and/or Director beir	ig added:
Q	, y ,		
<u>Title</u>	<u>Name</u>	Address	Type of A
			DAdd
		<u> </u>	
			🗖 Remo
			
			
P 16	dina on addina additional Ac	diolog antan ahanga(a) bana	
	ding or adding additional Apaditional Apaditional sheets, if necessary).		
			1
			
			
F. If an a	mendment provides for an e	schange, reclassification, or cancella	ation of issued shares
provisi	ons for implementing the an	schange, reclassification, or cancellated in the am	
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	The date of each amendment(s) adoption:
	Effective date if applicable: MA 1, 2009
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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 shareholder action was not required.
. [The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 51109
	Signature Shah I Production (By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ELIZABETH L. PIZZARELLO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)