## P1500004aaa5

(Re	equestor's Name)	
(Ac	ldress)	<u></u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
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## **COVER LETTER**

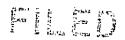
**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: N.M.P TRANSPO	PRT INC	
DOCUMENT NUMBI	D15000042225		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	NELSON MARTIN		
_		Name of Contact Person	1
?	N.M.P TRANSPORT INC		
	-	Firm/ Company	
7	7320 NW 69TH ST		
_		Address	
N	MIAMI, FL 33126		
_		City/ State and Zip Cod	e
For further information	concerning this matter, pleas		
Name of	Contact Person	at (	) de & Daytime Telephone Number
	the following amount made		
□ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

}



N.M.P TRANSPORT INC

16 HAY 23 PM 3: 00

(Name of Corporation as current	tly filed with the Florida Dept. of State) TARY OF STATE			
P15000042225	TALLAHASSEE, FLORIDA			
(Document Number of	(Document Number of Corporation (if known)			
(Document Number of	or corporation (it known)			
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(			
. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " Ford "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
3. Enter new principal office address, if applicable:	15615 NW 37TH PL			
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI GARDENS, FL 33054			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	691 WEST 80TH ST			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	691 WEST 80TH ST HIALEAH, FL 33014			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	HIALEAH, FL 33014			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )  D. If amending the registered agent and/or registered office add	HIALEAH, FL 33014  Iress in Florida, enter the name of the			
(Mailing address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	HIALEAH, FL 33014  Iress in Florida, enter the name of the			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )  Description of the registered agent and/or registered office add	HIALEAH, FL 33014  Iress in Florida, enter the name of the			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	HIALEAH, FL 33014  Iress in Florida, enter the name of the s:			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent  (Florida st.	HIALEAH, FL 33014  Iress in Florida, enter the name of the s:  Ireet address)			
(Mailing address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address    Name of New Registered Agent	HIALEAH, FL 33014  Iress in Florida, enter the name of the s:  Ireet address)			

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		· -	
Add				•	
Remove					
5) Change		_			
Add					
Remove					
() (I)					
6) Change		_		•	
Add				-	
Remove					

	essary). (Be specif	change(s) here: (ic)		
			-	
	-			
lf an amendment provides for	an exchange, recla	ssification, or cance	llation of issued shar	es,
provisions for implementing	the amendment if n	ot contained in the a	imendment itself:	·
(if not applicable, indicate				
(ij noi applicable, indicale				
(ij noi applicable, indicale				
(ij noi applicable, indicate				
(ij noi applicable, indicale				
(ij noi applicable, indicate				

	05/16/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u>, p</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
05/16/201 Dated	6	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	NELSON MARTIN	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person cigning)	