## P15000012202

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	<del>&gt;</del> #)	
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TALLAHASSEE, FI STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF COL	RPORATION: ISJ TRANSPORT	INC			
	UMBER: P15000012202				
	ticles of Amendment and fee are su	abmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	IDALBERTO GALVAN QU	JINTERO			
	Name of Contact Person				
	15J TRANSPORT INC				
		Firm/ Company			
	2702 COUNTRY CLUB BL	VD			
d		Address			
	CAPE CORAL, FL 33904	CAPE CORAL, FL 33904			
		City/ State and Zip Code			
	LADYDI5460@AOL.COM		east the state of		
-	<del>-</del>	sed for future annual report	notification)		
	E-mair address. (to be a	" .	The state of the s		
For further inform	nation concerning this matter, plea	se call:			
IDALBERTO G	ALVAN QUINTERO	at (	2050755		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fo	ee	□\$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

IST TRANSPORT INC.

13J TRANSPORT INC			
(Name of Corporation as currently f	iled with the Florida Dept. of State	)	
P15000012202			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitis</i> Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amend	dment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation name		tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	2015 OCT 28 SECRETAR TALLAHASS	_ _ 
Name of New Registered Agent		6 PK	Щ
(Florida street	address)	I÷2I STATE ORIBA	
New Registered Office Address:	, Florida		_
(Cı	ty)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with		esition.	
Signature of New Reg	istered Agent, if 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 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	IDALBERTO GALVAN QUINTER	2702 COUNTRY CLUB BLVD
Add X Remove			CAPE CORAL, FL 33904
2) Change	Р	ZORAIDA QUINTERO GONZALE:	2702 COUNTRY CLUB BLVD.
X Add	***************************************		CAPE CORAL, FL 33904
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

Attach additional sheets, if necessary).	(Be specific)
	the state of the s
f an amandmant provides for an evel	hange, reclassification, or cancellation of issued shares,
I all afficient provides for an exci	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	·
provisions for implementing the ame	

•	09/01/2015	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	99/01/2015	
Effective date if applicable:	77/01/2013	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date value Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/21/2 Dated	015	
Cionatura		
Signature	a director, president or other officer – if directors or officers have not been	<del></del>
` •	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	IDALBERTO GALVAN QUINTERO	
	(Typed or printed name of person signing)	***
	PRESIDENT	
	(Title of person signing)	