

P/3000039414

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

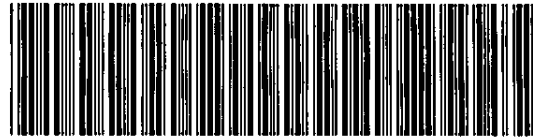
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Andrius Galinski
gave permission to
correct document

Office Use Only

04/17/14



600257894746

03/19/14--01009--009 **35.00

FILED
14 APR 16 PM 3:52
CLERK OF SUPERIOR COURT
CALIFORNIA

Amend
04/17/14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 APR 14 AM 8:54
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

March 24, 2014

ANDRIUS GALINSKAS
TROPICAL COAST LIMOUSINE INC
8065 CYPRESS DR. S.
FT. MYERS, FL 33967

SUBJECT: TROPICAL COAST LIMOUSINE INC
Ref. Number: P13000039414

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 314A00006204

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TROPICAL COAST LIMOUSINE INC.

DOCUMENT NUMBER: P 130000 39414

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRIUS GALINSKAS

Name of Contact Person

TROPICAL COAST LIMOUSINE INC.

Firm/ Company

8065 CYPRESS DR. S.

Address

FORT MYERS FL 33967

City/ State and Zip Code

FLFREDA@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRIUS GALINSKAS

Name of Contact Person

at (239) 634 2135

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

TROPICAL COAST LIMOUSINE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000039414

(Document Number of Corporation (if known))

FILED
14 APR 14 PM 3:52
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6220 ARC WAY
FORT MYERS FL 33966
UNIT # 79

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8065 Cypress Dr. S.
Ft. Myers, FL
33967

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

6220 ARC WAY Unit #79
(Florida street address)

New Registered Office Address:

Fort Myers, Florida 33966
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

P

Andrius Galinskas

6220 ARC WAY
Unit # 79
Ft. Myers, FL
33966

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____
date this document was signed.

March 10, 2014

, if other than the

Effective date if applicable: _____

(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)



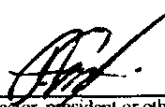
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.



The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

3-10-14


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ANDRIUS GALINSKAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)