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COR AMND/RESTATE/CORRECT OR O/D RESIGN INTERMODAL TERMINAL MANAGEMENT, INC

Certificate of Status	0
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EXAMINER

Electronic Filing Menu

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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Intermodal	Terminal Manag	jement, Inc		
P130007604	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER: P1300007604				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Vanessa Lemus				
	Name of Contact Person			
Incorp Services, I	nc.	·		
	Firm/ Company			
2360 Corporate Circle Suite 400				
	Address			
Henderson, NV 8				
	City/ State and Zip Code	•		
managedcompliance	@incorp.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	e call:			
Vanessa Lemus	at (702	866-2500 de & Daytime Telephone Number		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$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		Address		
Amendment Section Division of Corporations		ment Section n of Corporations		
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314		xecutive Center Circle assec, FL 32301		

10:30:35 a.m. 09-27-2013

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13 SEP 27 PM 4: 07

Articles of Amendment to Articles of Incorporation of SECRETARY OF STATE TALLAHASSEE, FLORIDA

Intermodal Terminal Managemer	nt, Inc		
(Name of Corporation as currently file	ed with the Florida Dep	t. of State)	
P13000076043			
(Document Number of C	Corporation ((f known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	•	ofit Corporation adopts th	e following amendment(s) t
A. If amending name, enter the new name of the cor	rnoratiou:		
			* L
name must be distinguishable and contain the word "Corp.," "inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	" "Inc," or "Co". A pri	nny " or "incorporated" ofessional corporation no	or the abbreviation ame must contain the
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD)	RESS)		
	<u> </u>		
C. Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX	<u></u>		
	<u> </u>		
D. If amending the registered aeant and/or registere new registered agent and/or the new registered o		ida, enter the name of th	<u>e</u>
Name of New Registered Agent			
			•
	(Florida street address)		
New Registered Office Address:		Florids	
	(Clay)	(24	o Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Azent: om familiar with and acc	reprishe abligations of the	position.
Signature of New	v Registered Agent, if cha	unging	

10:30:47 a.m.

if amanding the Officers aud/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 hold. 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 Doe	
X Remove	¥	Mike Jones	
_X Add	sv	Sally Smith	
Type of Action (Check One)	Tiye	Name.	Address
1) X Change	D	Richard M. Lombardo	4870 Winged Foot Court #102
Add			Naples, FL 34112
Remove			
2) X Change	P	Richard M. Lombardo	4670 Winged Foot Court #102
Add			Naples, FL 34112
Remove 3) X Change	s	Richard M. Lombardo	4670 Winged Foot Court #102
Add			Naples, FL 34112
Remove			
4) X Change	<u>T</u>	Richard M. Lombardo	4670 Winged Foot Court #102
Add			Naples, FL 34112
Remove		•	
5)Change			
Add			
Remove			
5)Change			
Add	•	•	
Remove		•	

If amending or adding additional Arti (Attuch additional sheets, if necessary).	(Be specific)
VA	
	
	<u> </u>
	
If an amendment provides for an exch	anne, reclassification, or cancellation of issued shares.
arevisions for implementing the ame (if not applicable, indicate N/A)	ndment if not commined in the amandment itself:
(у посаруноваж, имистълом) /A	

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13 SEP 27 PH 4: 07

The date of each amendment(s) add		TAECRETARY OF	STATE.
date this document was signed.	puos:	SECRETARY OF TAULAHASSEE,	LORIDA
Effective date if applicable:			
	(no more than 90 days after a	unendment file dase)	
Adaption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were sitop by the shareholders was/were suff	ited by the shareholders. The number of vo Relent for approval.	otes east for the amendment(s)	
The amendment(s) war/were appromist be separately provided for e	oved by the shareholders through voting grach voting group entitled to vote separate	roups. The following statement by on the amendment(s):	
"The number of votes cast fo	or the amundment(s) was/were sufficient fo	or approval	
by		31	
	(voting group)		
action was not required. The amendment(s) was/vero adop	ted by the bourd of directors without share		
Signature	-27-13 Richard M Embar	lo	
selected.	ector, president or other officer — if direct by an incorporator — if in the hands of a ri d fiduciary by that fiduciary)		
<u></u>		LARDO	
	O i Rechre	President	
_	(Title of person)	iigning)	