

P170000017975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

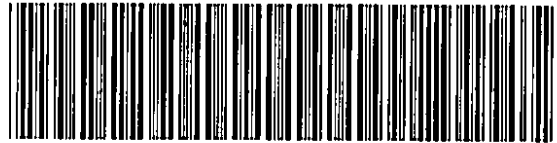
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. TALLENT
JAN 29 2020

2020 JAN 28 AM 9:17

FILED

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

VICTOR MANUEL FERNANDEZ
LIBERTAD 94 TRANSPORTATION CORP.
9186 NW 119 TERRACE
HIALEAH GARDENS, FL 33018

SUBJECT: LIBERTAD-94-TRANSPORTATION CORP
Ref. Number: P17000017975

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):

PLEASE COMPLETE PAGE 4 OF 4 REGARDING ADOPTION OF AMENDMENT AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00000969

2020 JAN 14 PM 10:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

VICTOR M. FERNANDEZ
LIBERTAD 94
9186 NW 119 TERR
HIALEAH GARDENS, FL 33018

SUBJECT: LIBERTAD-94-TRANSPORTATION CORP
Ref. Number: P17000017975

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):

PLEASE COMPLETE THE PROFIT ARTICLES OF AMENDMENT TO ENSURE THAT THE CORRECT CHANGES WILL BE MADE AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00024899

2020 JAN 13 PM 12:09

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Libertod-94-Transportation Corp

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Victor Manuel Fernandez
Name of Contact Person
Libertod 94 Transportation Corp.
Firm/ Company
9186 NW 119 Terrace
Address
Hialeah Gardens FL 33018
City/ State and Zip Code
Vicfernandez3012@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Manuel Fernandez at (786) 797 0624
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Libertad-94-Transportation Corp

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

P1700001795

(Document Number of Corporation (if known))

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)

/

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

/

2020 JAN 28 AM 9:17

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 /

(Florida street address)

New Registered Office Address: / Florida /
(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

(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)

Page 3 of 4

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

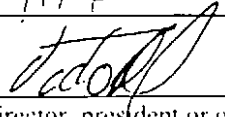
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 1/17/20

Signature 
(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)

Victor Fernandez
(Typed or printed name of person signing)

Presidente
(Title of person signing)