234087

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: PLANTATION TA	AXICAB CO INC			
DOCUMENT NUMI	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	PERRY J. STAMOS				
	Name of Contact Person				
	PLANTATION TAXICAB CO INC				
	Firm/ Company				
	221 W OAKLAND PARK BOULEVARD				
	Address				
	FORT LAUDERDALE, FL 33311				
	City/ State and Zip Code				
	REVANS@RI SERVICEINO	COM			
	BEVANS@BLSERVICEINC.COM E-mail address: (to be used for future annual report notification)				
	2 222.321 (35 55 42		,		
For further informatio	n concerning this matter, pleas	se call:			
PERRY J. STAMOS		at (<u>954</u>	565-8900		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

PLANTATION TAX	ICA	В	CO.	INC
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(Name of Corporation as current	ly filed with the Florida Dept.	of State)
234087		•
(Document Number of	of Corporation (if known)	(d)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation ado	opts the following amendment(s
. If amending name, enter the new name of the corporation:		
9/A		_The new
ame must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation nai	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		e of the
Name of New Registered Agent		
(Florida st	rect address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations	of the position.
		 _
Signature of New I	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	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	DV	JOHN M. CAMILLO	221 W OAKLAND PARK BLVD.
Add			FORT LAUDERDALE, FL 33311
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_ /	
Add			
Remove			
6) Change			
Ada			
Remove			

(Attach additional sheets, if necessary).	(Be specific)		
(Attach didinonal sneets, if necessary).	(in specyce)		
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f an amendment provides for an exch.	inge reclassification or c	ancellation of issued share	s.
provisions for implementing the amer	dment if not contained in	the amendment itself:	
(if not applicable, indicate N/A)	·-		
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The date of each amendment(s) adoption date this document was signed.	n:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departme	pes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement oting 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)
(By a director, selected, by a appointed fidu	president of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court aciary by that fiduciary)
PERR ———	Y J. STAMOS (Transfer printed power of person significal)
DV	(Typed or printed name of person signing)
	(Title of person signing)