## T98976

| (Requestor's Name)  (Address)  | 700353163177             |
|--|--------------------------|
| (City/State/Zip/Phone #)   | 10/07/2001020009 **52.SO |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status | C.J.                     |
| Special Instructions to Filing Officer:  | ;;;; 3: 1; 3: 1;         |

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR          | RATION: PASSPORT LEAS                                   | SING CORPORA  | TION         |   |  |
|-------------------------|---|---|--------------|---|--|
| DOCUMENT NUMI           |   | · · ·   |              |   |  |
|                         | of Amendment and fee are su                             | bmitted for filing  |              |   |  |
| Please return all corre | spondence concerning this ma                            | tter to the follow  | ing:         |   |  |
|                         | PERRY J. STAMOS   |   |              |   |  |
|                         | <del></del>   | Name of Cont  | act Person   | <del></del>   |  |
|                         | PASSPORT LEASING COR                                    | PORATION  |              |   |  |
|                         |   | Firm/ Cor   | npany        | ,   |  |
|                         | 221 W OAKLAND PARK B                                    | OULEVARD  |              |   |  |
|                         |   | Addre   | :SS          | ··  |  |
|                         | FORT LAUDERDALE, FL 33311                               |   |              |   |  |
|                         |   | City/ State and   | I Zip Code   |   |  |
|                         | BEVANS@BLSERVICEIN                                      | C.COM   |              |   |  |
|                         | E-mail address: (to be us                               |   | ual report i | notification)   |  |
| For further informatio  | n concerning this matter, plea                          | se call:  |              |   |  |
| PERRY J. STAMOS         |   | at (  | 54           | 565-8900<br>e & Daytime Telephone Number  |  |
| Name of Contact Person  |   |   | Area Cod     | e & Daytime Telephone Number  |  |
| Enclosed is a check fo  | r the following amount made                             | payable to the Flo  | orida Depa   | rtment of State:  |  |
| \$35 Filing Fee         | □\$43.75 Filing Fee & Certificate of Status             | S43.75 Filin<br>Certified Co<br>(Additional co<br>enclosed) | -<br>py      | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Ame                     | ling Address<br>endment Section<br>sion of Corporations |   |              | Address nent Section n of Corporations  |  |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

PASSPORT LEASING CORPORATION

| (Name of Corporation as currently   | filed with the Florida Dept. of State)                                      |
|---|---|
| F98976  |   |
| (Document Number of   | Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:   | lorida Profit Corporation adopts the following amendment(s) to              |
| A. If amending name, enter the new name of the corporation:   |   |
| N/A   | The new   |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A<br>"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 MAYBE 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:  Name of New Registered Agent | ass in Florida, enter the name of the                                       |
| (Florida stree  | Taldress)   |
| New Registered Office Address:  | , Florida   |
|   | 'ity) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi  | th and accept the obligations of the position.  gistered 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.

| Example:                   | c, <i>ana</i> | ny Smin, 37 as an Pada. |                           |
|----------------------------|---------------|-------------------------|---------------------------|
| Example:<br>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                  | VD            | 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                     |               |                         |                           |
| 51 Change                  |               | _ /                     |                           |
| Add                        |               |                         |                           |
| Remove                     |               |                         |                           |
| 6) Change                  |               |                         | <u> </u>                  |
| Add                        |               |                         |                           |
| Remove                     |               |                         |                           |

| If amending or adding additional (Attach additional sheets, if necessal | ry). (Be specific)  |   |
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| lf 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/2  | 4)  |   |
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| The date of each amendment(s) a                                       | doption:             |   | , if other than the       |
|---|----------------------|---|---------------------------|
| date this document was signed.  |                      |   |                           |
| Effective date <u>if applicable</u> :                                 |                      |   |                           |
|   | (no                  | more than 90 days after amendment file date)  |                           |
| Note: If the date inserted in this document's effective date on the D |                      | eet the applicable statutory filing requirements, this date e's records.  | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK               | (ONE)   |                           |
| ■ The amendment(s) was/were ad action was not required.               | opted by the incor   | porators, or board of directors without shareholder action  | and shareholder           |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s      |                      | cholders. The number of votes east for the amendment(s) oval.   |                           |
|   |                      | reholders through voting groups. The following statement<br>op entitled to vote separately on the amendment(s): | 1                         |
| "The number of votes case   | t for the amendmen   | nt(s) was/were sufficient for approval  |                           |
| by  |                      |   |                           |
|   | (voting gr           | roup)   |                           |
| 09/30/202   | 0                    |   |                           |
| Dated   | <del>/)</del>        |   |                           |
| Signature   | Leon                 | 2   |                           |
| (By a c   |                      | or other officer - if directors or officers have not been   | <del></del>               |
|   | •                    | ator – if in the hands of a receiver, trustee, or other court   |                           |
| аррол   | nted fiduciary by th | hat fiduciary)  |                           |
|   | PERRY J. STAN        | MOS   |                           |
|   | (Type                | ed or printed name of person signing)   |                           |
|   | R/A                  | <u> </u>  |                           |
|   | (Title               | of person signing)  |                           |