M46312

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Grandle Eph Horie III)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HANTIN TRANS	PORTATION, 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:		
	AUGUSTE SAINTVIL			
		Name of Contact Persor	1	
	HANTIN TRANSPORTATION, INC.			
		Firm/ Company		
	2106 N DIXIE HWY			
		Address		
	HOLLYWOOD, FL 33020			
		City/ State and Zip Code	:	
	AIRPORTAXI@BELLSOU	TH.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas		351-4597	
	of Contact Person	at ()le & Daytime Telephone Number	
	r the following amount made			
S35 Filing Fee	☐S43.75 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee E. Monroe Street, Suite 810 ssee, FL 32303	



October 5, 2020

PAULETTE SAINTVIL 2106 N. DIXIE HWY HOLLYWOOD, FL 33020

SUBJECT: HANTIN TRANSPORTATION, INC.

Ref. Number: M46312

We have received your document for HANTIN TRANSPORTATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

There is a balance due of \$10.00.

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.

Letter Number: 220A00019307

Irene Albritton Regulatory Specialist II



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 9, 2020

PAULETTE SAINTVIL 2106 N. DIXIE HWY HOLLYWOOD, FL 33020

SUBJECT: HANTIN TRANSPORTATION, INC.

Ref. Number: M46312

We have received your document for HANTIN TRANSPORTATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted_does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$10.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00014970

Articles of Amendment to Articles of Incorporation of

HANTIN TRANSPORTATION, INC.

(Name	of Corporation as current	ly filed with the Florida Dept.	of State)	
M46312				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	,1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			27
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered," "professional association,"	Sorp," "Inc," or "Co"	4 professional corporation no		
R. Entar naw principal office address	if annlieghle:	2106 N DIXIE HWY		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FL 33020	·	 -
 C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent are new registered agent and/or the new registered agent and/or the new registered agent. 	OFFICE BOX) nd/or registered office add		ne of the	- CC)
Name of New Registered Agent	PAULETTE SAINTVIL			3 .
<u> </u>	2106 N DIXIE HWY			AM 9: 25
		reet address)		
New Registered Office Address:	HOLLYWOOD	(City)	Florida 33020 (Zip C	inder
New Registered Agent's Signature, if a I hereby accept the appointment as registered. Charle if applicable.	iereli kgeni. Tam familiar i		,	10/13/202
Check if applicable ☐ The amendment(s) is/are being filed p	e 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)

Example:

Please note the officer/director title by the first letter of the office title:

tarr.

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officeridirector holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

Σ Change	iri Jour	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Tule	Name	<u>Addres</u> s
1) Change	PRES	AUGUSTE SAINTVIL	2106 N DIXIE HWY
X Add			HOLLYWOOD, FL 33020
Remove			
2) Change	RE AGT	MICHAEL KAUFMAN	11900 BISCAYNE BOULEVARD
Add			MIAMI FL 33181
X Remove	TRUST:	MICHAEL KAUFMAN	11900 BISCAYNE BOULEVARE MIAMI FL 33181
Add			
X Remove			
4) Change			
Add			
Remove			
5/ Change		- <u></u>	
Add			
Remove			
6) Change			
Add			
Remove			

to the continuation of the	natura albumus 7.3 E			
E. If amending or adding additional Articles, e (Attach additional sheets, if necessary). (Bes)	nter changge(s) here: meditic)			
(Adden blantonal sieces, y necessary), The	yac yay			
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			<u> </u>	
 If an amendment provides for an exchange, provisions for implementing the amendment 				
(if not applicable, indicate N/A)	<u>a ii iiii Comanica ji</u>	THE MINERAL STATE OF THE STATE	·C11.	
		- · ·	<u> </u>	
·		 		
			<u> </u>	

	adoption:	, if other than the
date this document was signed	NE 14, 2020	
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 I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval,	ient(s)
•	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	иетен
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voling group)	
JUNE 14. Dated Signature	The guste of Shirt	10/13/2020
(By a select	director, president or other other — if directors or officers have not beed, by an incorporator — if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	AUGUSTE SAINTVIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· — —