P00000018418

| (Re | questor's Name) | |
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| (Ad | dress) | · · · · · · · · · · · · · · · · · · · |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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12 AUG 23 PH 2: 29

SECRETARY OF STATE

SECRETARY OF STATE

Amend

AUG 2 4 2012

T. BROWN

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | TION:LT) | MO_Max | Inc |
|-----------------------------|---|--|--|
| DOCUMENT NUMBER | : | 0000012 | 3418 |
| The enclosed Articles of A | i <i>mendment</i> and fee are sub | omitted for filing. | |
| Please return all correspon | dence concerning this mat | ter to the following: | |
| | Aliveza | Name of Contact Person | m |
| <u> </u> | LIM | Firm/Company | INC |
| | 2210 | Toylor a | 3+ #203 |
| _ | Hollyn | OOO d FL City/ State and Zip Code | 33020 |
| | E-mail address: (to be us | ed for future annual report | cehoo- Com notification) |
| For further information co | ncerning this matter, pleas | e call: | |
| Alive Zu Name of C | ontact Person | at (786) | de & Daytime Telephone Number |
| Enclosed is a check for the | e following amount made p | 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 | Street / | Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 13, 2012

ALIREZA TEHRANY LIMO-MAX, INC. 2210 TAYLOR ST #203 HOLLYWOOD, FL 33020

SUBJECT: LIMO-MAX, INC. Ref. Number: P00000018418

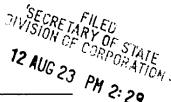
We have received your document for LIMO-MAX, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 112A00020843

Articles of Amendment to



to

| Articles of Incorporation | $S_{I_{A}}$ |
|---|-------------|
| of 12 AUG 22 20170 | ?47 |
| Articles of Incorporation of 12 AUG 23 PM 2: (Name of Corporation as currently filed with the Florida Dept. of State) | 20 |
| (Name of Corporation as currently filed with the Florida Dept. of State) | < 3 |
| (Document Number of Corporation (if known) | |
| | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation: | :nt(s) |
| 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 <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| | |
| 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; | |
| Hem legistered about author the nem legistered office auditess: | |
| Name of New Registered Agent | |
| | |
| (Florida street address) | |
| 71.11 | |
| New Registered Office Address:, Florida | |
| | |
| | |
| 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

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 <math>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 D | <u>oe</u> | | |
|----------------------------|--------------|---------------|-------------|--------------|--|
| X Remove | <u>v</u> | Mike Jo | ones | | |
| X Add | <u> </u> | Sally S | <u>mith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s |
| 1) Change | D | | Lillian | Acevedo | 2210 taylorst #200 Hollywood. FL 3302 |
| ✓ Add | | | | | Hollywood. FL 3302 |
| Remove | | | | | |
| 2) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 3)Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | and the state of t |
| Remove | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | , | | | |
| Add | | | | | • |
| Remove | | | | • | |

| tach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| n amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |
| oyisions for implementing the ame (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |
| ovisions for implementing the amer | ndment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: 8-8-12 |
|---|
| Effective date if applicable: S |
| 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 8-8-12 |
| 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) |
| (Typed or printed name of person signing) |
| President (Title of person signing) |