# P01000043164

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#### FILING CANCELLED RETURNED CHECK

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#### COVER LETTER

O: Amendment Section Division of Corporations
SAME OF CORPORATION: Toledo Transport Colp
OCUMENT NUMBER: Y 01000543164
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank Tokdo
Name of Contact Person  TOP TO TOP TOP TOP TOP TOP TOP TOP TOP T
11364 SW 1804 St
Miami, FZ 33157
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Frank Toledo = 305, 984-0674
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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

## FILING CANCELLED RETURNED CHECK

#### **Articles of Amendment**

to

Articles of Incorporation

Toledo Tr	anspert (OR)
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	
(Document Number of C	'orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F_0$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	A The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	9". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIV
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
New Registered Office Address: (Florida stree	, Florida
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. Tam familiar wi	th and accept the obligations of the position.

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 officerldirector 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 Doc 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: <u>X</u> Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u> .	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	CEO Franklin Tokdo	11364 SW 1804 S
Add Remove	FILING CANCELLED RETURNED CHECK	Miami, FE 33157
2) Change		
Add		
Remove		
3.) Change		
Add		
Remove		
4) Change		
Add		
Remove		-
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

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(Attach addition	adding additional Ar al sheets, if necessary)	. (Be specific)	· · · · · · · · · · · · · · · · · · ·		
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16		. h		.: e:	
<u>provisio</u> ns for	nt provides for an exc implementing the am	enange, reciassing nendment if not co	<u>ation, or cancena</u> intained in the <u>am</u>	<u>endment itself:</u>	<u>5.</u>
(if not app	licable, indicate N/A)				
	<del></del> -	<u></u>			

The date of each amendment(s) adoption:O1 25 2018 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 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
☐ 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 01 25 20 8 FILING CANCELLED RETURNED CHECK
Signature RETURNED CHECK
(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)
(Typed or printed name of person signing)  Pivesi do M
(Title of person signing)