

12/10/2014

07:50

TO: 18506176380

FROM: 5619650938

Page 2

P02000130567

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000284842 3)))



H140002848423ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LEGACY TAX, INC.  
Account Number : I20120000069  
Phone : (561)683-3000  
Fax Number : (561)965-0938

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: legacytaxcorps@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AIRPORT EXECUTIVE TOWNCAR SERVICE, INC.**

RECEIVED

14 DEC 10 PM 2:39

CLERK OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

*Amend.*

Electronic Filing Menu

Corporate Filing Menu

Help

12-11-14

14 DEC 10 PM 2:44

FILED

H140002848423

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AIRPORT EXECUTIVE TOWNCAR SERVICE, INC.

DOCUMENT NUMBER: P02000130567

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

Name of Contact Person

LEGACY TAX INC

Firm/ Company

1818 SO AUSTRALIAN AVE, SUITE 202

Address

WEST PALM BEACH, FL 33409

City/ State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO

Name of Contact Person

at ( 561 )

683-3000

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

Street Address

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

H140002848423

H140002848423

Articles of Amendment  
to  
Articles of Incorporation  
of

AIRPORT EXECUTIVE TOWNCAR SERVICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000130567

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

*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 MUST BE A STREET ADDRESS)

704 MIL VALLEY PLACE

WEST PALM BEACH, FL 33409

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

704 MIL VALLEY PLACE

WEST PALM BEACH, FL 33409

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:

Name of New Registered Agent

PETER KHALIL

704 MIL VALLEY PLACE

(Florida street address)

New Registered Office Address:

WEST PALM BEACH

(City)

Florida

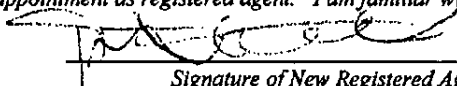
33409

(Zip Code)

FILED  
14 DEC 10 PM 2:44

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

H140002848423

H14000284842 3

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:

X Change      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DP</u>	<u>DAN TISCHLER</u>	<u>506 NORTH 8TH ST</u>
<input type="checkbox"/> Add			<u>LANTANA, FL 33462</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>PETER KHALIL</u>	<u>704 MIL VALLEY PLACE</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH,</u>
<input type="checkbox"/> Remove			<u>FL 33409</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

H14000284842 3

12/10/2014, 07:50

TO:18506176380 FROM:5619650938

Page: 6

H14000284842 3

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If 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/A)*

N/A

H14000284842 3

12/10/2014, 07:50

TO: 18506176380 FROM: 5619650938

Page: 7

H14000284842 3

The date of each amendment(s) adoption: 12/10/2014, if other than the date this document was signed.

Effective date if applicable: 12/10/2014  
(no more than 90 days after amendment file date)

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 12/10/2014

Signature

[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)

PETER KHALIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H14000284842 3