P04000059647

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500298223225

04/21/17--01009--017 **35.00

S. TALLENT APR 2 5 2017

Arrand

FILES 17 APR 21 PK 6: 01 SCOP. LES 278 JAIL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: My Orlando Limo	, Inc.	
DOCUMENT NUME	BER: P04000059647		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	e de
	Glenn Rezende		
		Name of Contact Person	1
	My Orlando Limo, Inc.		
		Firm/ Company	
	2912 E. Michigan Street		
		Address	
	Orlando, FL 32806		
		City/ State and Zip Cod	e
	F-mail address: (to be u	sed for future annual report	notification)
	L-man address. (to be di	sed for future annual report	notineation)
For further information	concerning this matter, pleas	se call:	
Glenn Rezende		at (321	354-8587
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

, Articles of Amendment to Articles of Incorporation of

My Orlando Limo, Inc.		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P04000059647		
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following ame	ndment(s) t
A. If amending name, enter the new name of the co	orporation:	
N/A	Tha	new
	rd "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain abbreviation "P.A." N/A N/A N/A N/A N/A N/A N/A N/	ation
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Negistered Office radiress.	(City) (Zip Code)	
	I am familiar with and accept the obligations of the position.	
Sign	nature 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 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.

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	_0_	Kevin Rezende	2912 E. Michigan Street		
X Add			Orlando, FL 32806		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		.			
Add					
Remove			 		
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	reactive to the second
F. If an amendment provides for an exchange, reclassification, or cancellation of is provisions for implementing the amendment if not contained in the amendmen	sued shares,
(if not applicable, indicate N/A)	t itsen:
N/A	
	,

The date of each amendment(s) adopti	ion:	, if other than the
date this document was signed. 04/05/20	117	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendent for approval.	lment(s)
	ed by the shareholders through voting groups. The following so in voting group entitled to vote separately on the amendment(s	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehol	der
Dated	06-17	
Signature	lem y hornde	
selected, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or othe iduciary by that fiduciary)	
Gler	nn Rezende	
	(Typed or printed name of person signing)	
Vice	e President	
	(Title of person signing)	