P04000158854

(Re	equestor's Name)	
· (Ac	idress)	
(Ac	ldress)	
(0)	101-1-171-101	9
(Cr	ty/State/Zip/Phone#	;)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
<u></u>		
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SABA TRUCKING TAC.

DOCUMENT NUMBER: P04000 158854

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

Please return all correspondence concerning this matter to the following:

MAYA MEDINA
Name of Contact Person

SABA TRUCKING TAC.

Firm/ Company

1001 NW 51 CT

Address

FT. LAUDERDALE FL 33309

City/ State and Zip Code

MDMEDINA COMMAST. NET

E-mail address: (to be used for future annual article particular in the contact particular in the conta

For tu	irther in	formati	on cor	icerni	ng this	matter, plea	se call:
							\sim .

MAYA MEDINA

at (954) 274-42

Area Code & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2010

MAYA MEDINA 1001 NW 51 CT FT LAUDERDALE, FL 33309

SUBJECT: SABA TRUCKING, INC Ref. Number: P04000158854

We have received your document for SABA TRUCKING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 110A00029363

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Articles of Amendment to
Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
·	TI
	The new word "corporation," "company," or "incorporated" or the gnation "Corp," "Inc," or "Co". A professional corporation onal association," or the abbreviation "P.A."
B. Enter new principal office address, if applicab	le: 1001 NW 51 CT
(Principal office address MUST BE A STREET AL	
•	FL 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox 1001 NW 51 CT
	FL 33309
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent:	·
New Registered Office Address:	OOI NW 51 Ct (Florida street address)
<u> </u>	t. Lauderdale, Florida 33309 (City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
•	
Signat	ure 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)

<u>Title</u> <u>Name</u>	.•	<u>Address</u>	Type of Actio
P Dav	id Medina	1001 NW51 Ct Ft. Laudordala, Fl	Add . Remove
IP Ma	up. Medina	1001 NW 51 Ct Ft. Laudordate,	Add Remove
<u> </u>	<u> </u>		Add Remove
16	1100 100 01		
(attach additional she	ng additional Articles, enter ets, if necessary). (Be spec		
<u> </u>			
	ementing the amendment if	classification, or cancellation of not contained in the amendm	
			·
-			

The date of each amendment(
Effective date if applicable:	(date of adoption is required) Ol-Ol-2011 (no more than 90 days after amendment file date)
	no more man 30 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,
· . (voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	12-15-2010
Signature	Maya Meduna
selec	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MAYA MEDINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)