# P05000147131

(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



400161225134

11/12/09--01002--014 \*\*8.75

10/05/09--01073--002 \*\*70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 NOV -9 AM 9: 40

Amend Cus 1011/13/09

#### **COVER LETTER**

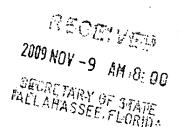
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OMEGA CARTAGE, INC				
DOCUMENT NUMBER:	P05000147131			
The enclosed Articles of Amendmen	a and fee are submitted for filing.			
Please return all correspondence con-	cerning this matter to the following:			
	ALISON ARMELI			
	Name of Contact Person			
	OMEGA CARTAGE, INC			
Firm/ Company				
1660 N POWERLINE ROAD				
Address				
	POMPANO BEACH, ÈL 33069			
	City/ State and Zip Code			
E-mail addres	ss: (to be used for future annual report notification)			
For further information concerning the	his matter, please call:			
ALISON ARMELI	at ( 954 ) 941-9900			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Certificate of				
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



October 7, 2009

ALISON ARMELI OMEGA CARTAGE, INC. 4341 NW 19TH AVE - BLDG 2 POMPANO BEACH, FL 33064

SUBJECT: OMEGA CARTAGE, INC.

Ref. Number: P05000147131

We have received your document for OMEGA CARTAGE, 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 409A00032439

Please apply the 35.00 payment to the Arcticles of Amud mut.

I had originally Set in the way form. I have also an dose another ouch for the Bernamy balue.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### Articles of Amendment to

### Articles of Incorporation

 $\mathbf{of}$ 

OMEGA CA	RTAGE, INC
(Name of Corporation as currently	y filed with the Florida Dept. of State)

#### P05000147131

PU	<u> </u>	
(Document Nu	imber of Corporat	ion (if known)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		es, this Florida Profit Corporation adopts the follow
A. If amending name, enter the new name	of the corporatio	<u>n:</u>
		The new
	he designation "Ĉ	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1660 N POWERLINE ROAD
		POMPANO BEACH, FL
		33069
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		1660 N POWERLINE ROAD
		POMPANO BEACH, FL 33069
D. If amending the registered agent and/or new registered agent and/or the new reg		
Name of New Registered Agent:	JOSEPH R (	GREENBERG
	1660 N POW	/ERLINE ROAD,
New Registered Office Address:	(Flor	ida street address)
	POMPANO E	, 1 101144
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered A agent. I am fam	gent: iligr 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)

<u>Title</u>	Name	Address	Type of Action
<u>D</u>	ALISON ARMELI	4341 NW 19TH AVE BUILDING 2, BAY 5 POMPANO BEACH, FL 33064	☐ Add ☑ Remove
<u>P</u>	JOESPH R GREENBERG	1660 N POWERLINE ROAD POMPANO BEACH, FL 33069	☑ Add □ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
		Notes and the second	und shows
	ndment provides for an exchange, recla s for implementing the amendment if n		
	applicable, indicate N/A)		

The date of each amendment(s) adoption:	
(date of adoption is required)	<del></del>
Effective date if applicable:  (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 above the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"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 action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	reholder
Dated (1/3/5009	
Signature  (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	not been other court
(Typed or printed name of person signing)	: \
(Title of person signing)	-