P0600003571

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Evergreen lii		Investigation, Corp.	
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	William R Batista			
		Name of Contact Person	n	
	Firm/ Company			
	Address 1183 W 29th Street, Hialeah Florida 33012			
		City/ State and Zip Cod	e	
eve	ergreenbatista@ya	ahoo.es		
·	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
William R Ba	ıstista	at (305	484-7744	
Name of Contact Person		Area Co	de & Daytime Telephone Nun	nber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	TAL
Mailing Address		Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

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

Articles of Amendment Articles of Incorporation

Evergreen Limousine Security Investigation, Corp

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

P06000003571				
(Documer	nt Number of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following	amendment(s	s) to
A. If amending name, enter the new na	ame of the corporation:		The new	
	tain the word "corporation," "company," or nation "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A."	"incorporated" or the ab	breviation	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, ento w registered office address:	er the name of the		
Name of New Registered Agent	William R Batista			
	1183 W 29th Street			
	(Florida street address)			
New Registered Office Address:	Hialeah (City)	_, Florida 33012 (Zip Code)		
	(Gily)	(234) (3040)		
N D - 14 - 14 - 0 C - 4 - 16 1		ĀL	# _	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent: ered agent. I am fumiliar with and accept the c	obligations of the position.		- Y1
		HAS		
Sig	gnature of New Page Served Agent, if changing	 E		a Ti
		Ξ,	TER I	ineren j
			5 f: 0	*4 .

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 <math>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: XChange	<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			
Add Remove			
2) Change			
Add			
Remove			
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			<u></u>

Attach add	ng or adding additional litional sheets, if necess	ary). (Be specif	ic)		
					<u> </u>
					
			•		
		· · · <u> </u>			
	<i>,</i>			·	
f an amer	dment provides for an s for implementing the	exchange, reclas	sification, or car	ncellation of issued s	<u>hares,</u>
(if no	t applicable, indicate N	<u>: amendment ii n</u> /A)	ot contained in t	ne amendment fisen	<u>.</u>
			,		
				<u></u>	
			<u> </u>		
				-	

The date of each amendment(s) ac	loption: 12/06/2013	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_1206201	13	
Signature		_
selected	irector, president or other of fieed – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	William R Batista	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	

FILED

13 DEC 16 PM 4: 02

SECRETARY OF STAIL