

Division of Corporations

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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From:  
 Account Name : LAXMY'S CARRIER SERVICES  
 Account Number : I20040000007  
 Phone : (305) 640-0281  
 Fax Number : (305) 640-0282

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

Email Address: \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 TUSCANY TRANSPORT CORP.**

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830-617-6381

LAXMY'S\*CARRIER

001/006

9/13/2011 2:58:08 PM PAGE 1/001 FAX Server



2<sup>nd</sup> request

September 13, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TUSCANY TRANSPORT CORP.  
P.O.BOX 524381  
MIAMI, FL 33152

SUBJECT: TUSCANY TRANSPORT CORP.  
REF: P06000096507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H11000224184  
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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TUSCANY TRANSPORT CORP.

**DOCUMENT NUMBER:** P06000096507

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

Please return all correspondence concerning this matter to the following:

GUISELA CANOVA

Name of Contact Person

TUSCANY TRANSPORT CORP.

Firm/ Company

P O BOX 524381

Address

MIAMI, FL, 33152

City/ State and Zip Code

CVANGELS5@YAHOO.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

Name of Contact Person

at ( 305 )

640-0281

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

0004/008  
**FILED**

2011 SEP 16 PM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

TUSCANY TRANSPORT CORP.

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

P06000096507

(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:**

*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:** 15476 NW 77TH CT # 617

*(Principal office address MUST BE A STREET ADDRESS)*

MIAMI LAKES, FL, 33016

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

15476 NW 77TH CT # 617MIAMI LAKES, FL, 33016

**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: LAXMY'S CARRIER SVCE

10300 NW SOUTH RIVER DR

*(Florida street address)*

MEDLEY , Florida 33178  
(City) (Zip Code)

**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*

**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>	<u>Type of Action</u>
P	<u>GUISELLA CANOVA</u>	<u>P.O BOX 624381</u> <u>MIAMI, FL 33152</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	<u>CAROLINE VELEZ VELES</u>	<u>15476 NW 77TH CT # 617</u> <u>MIAMI LAKES, FL 33016</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)**

New FEIN for the company 90-0758984

**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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The date of each amendment(s) adoption: 09/13/2011

(date of adoption is required)

Effective date if applicable: 09/13/2011

(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)

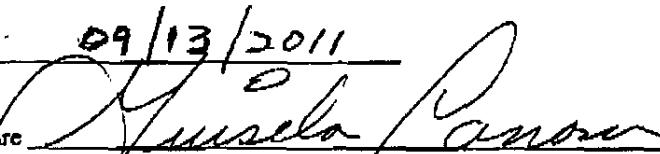
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

09/13/2011

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)

GUISELLA CANOVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)