

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: \_\_\_\_\_

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

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Corporate Filing Menu

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11 SEP 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 16 PM 10:58

FILED

*Arick*  
9/16/11



*2nd 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 refile 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  
Letter Number: 011A00021215

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

FILED 004/006

2011 SEP 16 PM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
ofTUSCANY TRANSPORT CORP.(Name of Corporation as currently filed with the Florida Dept. of State)P06000096507(Document Number of Corporation (if known))

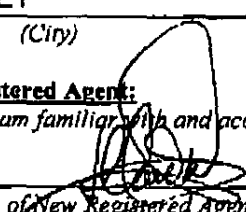
Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**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:***(Principal office address MUST BE A STREET ADDRESS)*15476 NW 77TH CT # 617MIAMI 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*New Registered Office Address:*10300 NW SOUTH RIVER DR*(Florida street address)*MEDLEY*(City)*Florida 33178*(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	GUISELLA CANOVA	P.O. BOX 524381 MIAMI, FL 33152	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	CAROLINE VELEZ VELES	15476 NW 77TH CT # 817 MIAMI LAKES, FL 33016	<input checked="" 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: 09/13/2011Effective date if applicable: 09/13/2011

(date of adoption is required)

(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: 09/13/2011Signature: Guisella Canova

(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)