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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

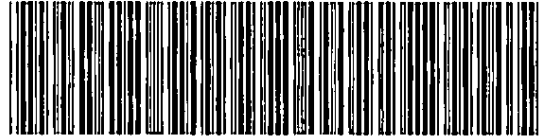
(Business Entity Name)

(Document Number)

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2022 FEB -3 PM12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
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AMEND

FEB 03 2022

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2022

REGINA LESSERRA
5200 SW GROVE ST
PALM CITY, FL 34990

SUBJECT: LESERRA'S TRANSPORT, INC.
Ref. Number: P06000134029

We have received your document for LESERRA'S TRANSPORT, 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):

Please mail back a name release letter stating you do not have intent to reinstate LTS, INC and please release the name to file for a corporation.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 522A00002266

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Leserra's Transport, Inc

DOCUMENT NUMBER: 100000134029

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

Please return all correspondence concerning this matter to the following:

Regina Leserra

Name of Contact Person

Leserra's Transport, Inc.

Firm/ Company

5200 SW Grove St

Address

Palm City, FL 34990

City/ State and Zip Code

gina@leserrastransport.com

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

For further information concerning this matter, please call:

Regina Leserra 772 486-6116
 _____ at (_____) _____
 Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


02/03/2022

To Whom It May Concern:

This letter provides an explanation for the attached amendment. We recently opened a corporation named LTS, Inc. Upon further research, we learned we should have instead filed a name change amendment to our existing corporation, Leserra's Transport, Inc.

Please release document number P21000101154, LTS, Inc. to be used for this name change. I do not intend to revoke the dissolution of LTS, inc and I release the name to Leserra's Transport, Inc.

Thank You,

A handwritten signature in black ink, appearing to read 'Regina Leserra', with a long horizontal flourish extending to the right.

Regina Leserra
Vice President

Articles of Amendment
to
Articles of Incorporation
of

Leserra's Transport, Inc

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

PO6000134029

(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:

LTS, Inc.

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**)

C. Enter new mailing address, if applicable:

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

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
	Auth Rep	James Leserra	5300 SW Grove St
1) <input type="checkbox"/> Change	_____	_____	Palm City, FL 34990
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	_____	_____	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	_____	_____	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	_____	_____	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	_____	_____	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	_____	_____	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white.

12/17/2021

The date of each amendment(s) adoption: _____ if other than the date this document was signed. ~~01/01/2021~~

Effective date if applicable: 01/01/2022
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

12/17/2021

Dated _____

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)

- Regina Leserra

(Typed or printed name of person signing)

- Vice President

(Title of person signing)