

Division

JUN. 8. 2011 3:08PM

CAPITAL CONNECTION

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P080000002749

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000150830 3)))



H110001508303ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

Email Address: _____

FILED
11 JUN -8 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
OLYMPIAN TRUCK RENTAL AND LEASING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

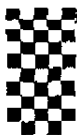
Amend.

Electronic Filing Menu

Corporate Filing Menu

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6/9/11



June 8, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OLYMPIAN TRUCK RENTAL AND LEASING, INC.

1123 CROWN PARK CIRCLE

WINTER GARDEN, FL 34787

SUBJECT: OLYMPIAN TRUCK RENTAL AND LEASING, INC.

REF: P08000002749

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 current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD A PERIOD AFTER THE WORD "INC" IN THE CORPORATE NAME.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: B11000150830
Letter Number: 411A00014046

RECEIVED

11 JUN -8 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Olympian Truck Rental and Leasing, Inc.

DOCUMENT NUMBER: P08000002749

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

Please return all correspondence concerning this matter to the following:

Ryan McMahon

Name of Contact Person

Olympian Truck Rental and Leasing, Inc

Firm/ Company

247 SW 8 St

Address

Miami, FL

City/ State and Zip Code

ryanmcmahon52@yahoo.com

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

For further information concerning this matter, please call:

Ryan McMahon

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Olympian Truck Rental and Leasing, Inc.

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

P08000002749

(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)

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:

Ryan McMahon

New Registered Office Address:

247 SW 8 St

(Florida street address)

Miami, FL

(City)

Florida

(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.

Ryan McMahon
Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FL 32399

11 JUN -8 PM 1:22

FILED

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>
<u>P</u>	<u>James Fischer</u>	<u>127 W Fairbanks Ave #283</u> <u>Winter park, FL 32789</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>t</u>	<u>Elaina Fischer</u>	<u>127 W Fairbanks Ave #283</u> <u>Winter park, FL 32789</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>vcfo</u>	<u>Diane Yeater</u>	<u>127 W Fairbanks Ave #283</u> <u>Winter park, FL 32789</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Remove Sylvia Rountree (10041 Clarcona Ocoee Rd, Apopka, FL) as VP

Add Roberto Gonzalez as President (247 SW 8 St. Miami, FL)

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)

All ownership shares are transferred to Roberto Gonzalez.

The date of each amendment(s) adoption: 04/16/2011

(date of adoption is required)

Effective date if applicable: 05/01/2011

(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 06/06/2011

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)

James C. Stephens

(Typed or printed name of person signing)

PCEO

(Title of person signing)