## P08000016677

(	Requestor's Name)			
(	Address)			
(	(Address)			
(	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(	Business Entity Name)			
(	Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corp	orations				
NAME OF CORPO	RATION: ASSURED	TRANSPORTATION TRANSPORTATION TO THE PROPERTY OF THE PROPERTY	ON, INC.		
DOCUMENT NUMBER: P08000016677					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	NICOLA BREA	ADING			
		Name of Contact Person	1		
	ASSURED TR		ION, INC.		
	13650 2ND AV	Firm/ Company			
	10000 2110 710	Address			
	BRADENTON,				
	·	City/ State and Zip Cod	<u> </u>		
GL	IV@B2BHSINIE		S COM		
GUY@B2BUSINESSBROKERS.COM  E-mail address: (to be used for future annual report notification)					
E-man address. (to be used for future annual report nonneation)					
For further information concerning this matter, please call:					
NICOLA BI	READING	<sub>at (</sub> 941	,730-3757		
Name	of Contact Person		de & 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)		
Mai	iling Address	Street Address			
Ame	endment Section	Amend	Amendment Section		
Div	ision of Corporations	Divisio	on of Corporations		

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

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

## Articles of Amendment to Articles of Incorporation



## ASSURED TRANSPORTATION, INC.

14 OCT 20 PM 1: 27

orida Dept. of State)
known)
Florida Profit Corporation adopts the following amendment(s) to
The new
," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
13650 2nd Ave. NE
Bradenton, Fl. 34212
same as above
ess in Florida, enter the name of the
g
re NE
et address)
, Florida 34212 (Zip Code)
(Zip Code)
with and accept the obligations of the position.
gent. 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D,P	Karen O'Brien	12712 7th Ave. NE
Add			Bradenton, Fl. 34212
Remove			
2) Change	P,D	Nicola A. Breading	13650 2nd Ave. NE
Add			Bradenton, Fl. 34212
Remove			
3) Change	S,D	Karen O'Brien	12712 7th Ave. NE
Add			Bradenton, Fl. 34212
Remove			
4) Change	V,D	Guy Breading	13650 2nd Ave. NE
Add			Bradenton, Fl. 34212
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional A ttach additional sheets, if necessary	). (Be specific)	<u>-</u>		
	·,			
			<del> </del>	
			·	
an amendment provides for an ex	change, reclassific	ation, or cancella	tion of issued shar	es,
rovisions for implementing the a (if not applicable, indicate N/A)	nendment if not co	ntained in the am	endment itself:	
		,		

The date of each amendmen date this document was signed		FILE SUBJECT FARY NVISION OF C	LU COF STATE CRPORATIONS	, if other than the
Effective date if applicable:	October 16, 2014	14 OCT 20	PM 1:27	
	(no more than 90	days after amendment file		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
	re adopted by the shareholders. The ere sufficient for approval.	number of votes cast for the	amendment(s)	
	re approved by the shareholders through for each voting group entitled to v			
"The number of vote	s cast for the amendment(s) was/were	sufficient for approval		
by	(voting group)	.,,		
action was not required.	re adopted by the board of directors without the re adopted by the incorporators without			
Dated Oct	ober 16, 2014			
S	By a director, president or other office elected, by an incorporator – if in the ppointed fiduciary by that fiduciary)			
	Ocola (Typed or pr	Bread in inted name of person signin	ig)	
		2Sident		