P08000014517

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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HETARY OF STATE IN OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BLACK PEAF	RL LUXURY LIMOU	SINE SERVICE INC.
	R: P0800007451	7	
DOCUMENT NUMBE	K;		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
N	IATALIE BURNS	3	
		Name of Contact Person	1
0	00 \	Firm/ Company	NO OTE 227
<u>8</u>	00 VILLAGE SC		NG, STE 337
Б	PALM BEACH GARDENS, FL 33410		
<u>'</u>	ALIVI BLACIT O	City/ State and Zip Code	
NIA T	ALIF ADUDNICI		
NATA	ALIE@BURNSL E-mail address: (to be us	sed for future annual report	notification)
		• • • • • • • • • • • • • • • • • • •	,
For further information c	oncerning this matter, pleas	se call:	
NATALIE BUR	NS	_{at (} 561	267-0104
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rrtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ussee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

BLACK PEARL LUXURY LIMOUSINE SERVICE INC.

(Name of Corporation as currently	y filed with the Flor	ida Dept. of State)		_
P08000074517				_
(Document Number	of Corporation (if kr	nown)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co	". A professional corpor	oorated" or the a cation name must	ibbreviation contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- <i>BOX</i>) -			UNVISION 12 FEB
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent		in Florida, enter the na	me of the	FEB 10 PM 3: 36
			-	O. in
· .	(Florida street d	address)	_	
New Registered Office Address:	(City)	, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligation	ns of the position.	
Signature of	New Registered Agei	nt, if changing	-	

Page 1 of 4

f traff

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: X_Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	₹ P	MIRAGLIOTTA, STEVEN	1138 SOUTH POWERUNE FD SUITE 1138 POMIMMO BEACH, FL 33069
2) Change Add Remove	<u></u>		
3) Change Add Remove	.		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) ad	loption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
action was not required. The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated 2 -	7712
Signature	PRFS.
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	ANTONIO GIANNOCCOLI
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)