

**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 CARTER SERVICES  
 Account Number : I20040000007  
 Phone : (305) 640-0281  
 Fax Number : (305) 640-0282

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 OR AUTO COLLECTION, CORP.**

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*Amend/RC*

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Corporate Filing Menu

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P.001/006

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4/27/2010 9:48:15 AM PAGE

1/001

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April 27, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OR AUTO COLLECTION, CORP.  
9130 NW SOUTH RIVER DR  
MERLEY, FL 33166

SUBJECT: OR AUTO COLLECTION, CORP.  
REF: P09000027754

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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H10000098856  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** OR AUTO COLLECTION, CORP.

**DOCUMENT NUMBER:** P09000027754

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

Please return all correspondence concerning this matter to the following:

RENE RUIZ

Name of Contact Person

OR AUTO COLLECTION, CORP.

Firm/ Company

9130 NW SOUTH RIVER DR

Address

MEDLEY, FL, 33166

City/ State and Zip Code

LAXMYC2001@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

10 MAY -4 PM 3:18<sup>PM</sup>

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OR AUTO COLLECTION, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)P09000027754

(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:**

AMERICAN X-PRESS TRANSPORT CORP.

*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)

18301 SW 139TH CTMIAMI, FL 33177

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

18301 SW 139TH CTMIAMI, FL 33177

**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 SERVICESNew Registered Office Address:9090 NW SOUTH RIVER DR

(Florida street address)

MEDLEY

(City)

Florida 33166

(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>
VP	MIRIAM ESPINOSA	18301 SW 139TH CT MIAMI, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)*

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**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)*

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The date of each amendment(s) adoption: 04/12/10  
(date of adoption is required)  
Effective date if applicable: 04/12/10  
(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 04/12/10

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)

RENE RUIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)