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(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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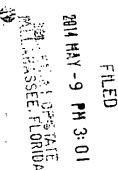
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5/20/14

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: A 1 ON 1 PROFESSION AL LIMOUSINE SERVICE, I	NC.
DOCUMENT NUMBER: <u>PO 900062272</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
WILLIAM A. REYNOSO Name of Contact Person	
A 10N1 PROFESSIONAL LIMOUSINE SERVICE, INC	
1012 ANGLERS COVE # D308 Address	
MARCO ISLAND, FL. 34/45 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
WILLIAM A. REYNOSO at (239) 692-7770 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

		_
to	_	FILED
Articles of Incorp	poration	0.01
, of		a PH 3: U1
A 10N1 PROFESSIONAL LI	MOUSINE SERVE	ZYCATE
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	AHASSEE, FLORID
P0900062,	272	
(Document Number of Corporation (if ka	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	o". A professional corporation name mus	abbreviation it contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address; Name of New Registered Agent 1012 ANGLESS COVE	s in Florida, enter the name of the A: REYNOSO 4-D308	_
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	Florida 3444. (Zip Code)	<u>5</u>

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	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address 1083 N. Collier BLVD #330
1) Change	PRES LIBRADA ESQUIJIN AND OR	MARCO IS/AND, FL. 34145 1012 ANGLERS COVE # D308 MARCO IS/AND, FL 34145
Remove 2) Change Add	PRES William A. REYNOSO	
Remove 3) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change		
Add		

	r adding additional nal sheets, if necessar				
					
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f an amendm	ent provides for an	exchange, reclassi	fication, or cance	ellation of issued s	<u>hares,</u>
	r implementing the policable, indicate N/A		contained in the	amenament itseii	<u>i</u>
(9		-,			
		 			
		·			
		N	/A		
		N,	/A		
		N,	/A		
		N,	/A		
		N,	/A		
		N,	/A		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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	
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 MAY OB, 2014 Signature (By a director, president or other officers from the sandslof a receiver, trustee, or other court appointed fiduciary by that fiduciary) WILLIAM A. REYNOSO (Typed or printed name of person signing)	
PRES. (Title of person signing)	_