

PD9000080486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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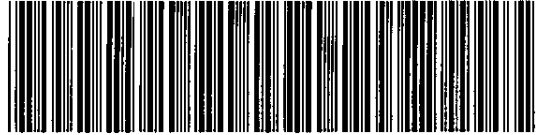
(Business Entity Name)

(Document Number)

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03/02/10--01046--003 **43.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR -2 PM 3:30

Amend / cur
Name chg
(1a) 3/4/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MJ Limo & Car Services, Inc.

DOCUMENT NUMBER: P09000080486

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

Please return all correspondence concerning this matter to the following:

Claude St Jean

Name of Contact Person

Galaxy Taxi & Car Service, Inc.

Firm/ Company

5364 Ehrlich Rd # 225

Address

Tampa, Florida 33625

City/ State and Zip Code

galaxy100@yahoo.com

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

For further information concerning this matter, please call:

Claude St. Jean

Name of Contact Person

at (813)

526-8353

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

MJLIMO & Car Services, Inc.

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

P09000080486

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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:

GALAXY TAXI & CAR SERVICE, INC.

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:

5364 Ehrlich Rd # 225

*(Principal office address **MUST BE A STREET ADDRESS**)*

Tampa, Florida 33625

C. Enter new mailing address, if applicable:

5364 Ehrlich Rd # 225

*(Mailing address **MAY BE A POST OFFICE BOX**)*

Tampa, Florida 33625

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:

Stay the same as previous

New Registered Office Address:

(Florida street address)

(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.

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>
<u>P</u>	<u>Cláude St. Jean</u>	<u>5364 Ehrlich Rd. # 225</u> <u>Tampa, Florida 33625</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Jacky Decilien</u>	<u>1101 Hucoca Ln</u> <u>Immokalee, FL 34142</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sc</u>	<u>Francoeur St Jean</u>	<u>5364 Ehrlich Rd # 225</u> <u>Tampa, Florida 33625</u>	<input checked="" 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)

*Please change the name of
nflms & CAR Service to
Galaxy TAXI Cab Service, Inc.
The nature of the business is
still to provide transportation
to customers.*

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)

N/A

The date of each amendment(s) adoption: 2/25/2010
(date of adoption is required)
Effective date if applicable: 2/25/2010
(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 2/25/2010

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)

Claude St jean

(Typed or printed name of person signing)

President

(Title of person signing)