# P10000056405

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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Ameral C.COULLIETTE

NOV 18 2010

**EXAMINER** 



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PORATION: GIO'S TRANSPORTATION INC			
DOCUMENT NUM	BER:	ER: P10000056405		
The enclosed Articles	s of Amendment and fee a	are submitted for filing.		
Please return all corre	espondence concerning th	is matter to the following:		
		TEPHEN MANDELL		
	r	Name of Contact Person		
CARRIER SERVICES OF FLORIDA				
	Firm/ Company			
	1357 E LAFAYETTE ST			
	Address			
	TALL	AHASSEE, FL 32301		
		City/ State and Zip Code		
	STEPHEN.MAN	IDELL@RABONINS.COM		
	E-mail address: (to be use	d for future annual report notification)	_	
For further information	on concerning this matter,	please call:		
STEP	HEN MANDELL	at ( <u>850</u> ) 9427323		
Name of	Contact Person	Area Code & Daytime Telephone N	umber	
Enclosed is a check fe	or the following amount n	nade payable to the Florida Department of	State:	
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certi (Additional copy is enclosed) Certi	60 Filing Fee ficate of Status fied Copy litional Copy is enclosed)	
Mailing Addi Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		





November 18, 2010

STEVEN MANDELL

TALLAHASSEE, FL

SUBJECT: GIO'S TRANSPORTATION INC

Ref. Number: P10000056405

We have received your document for GIO'S TRANSPORTATION INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 810A00027124

## **Articles of Amendment Articles of Incorporation**

### **GIO'S TRANSPORTATION INC**

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

P1000	00056405		
(Document Numbe	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, lamendment(s) to its Articles of Incorporation:	Florida Statutes, this Fa	lorida Profit Corporatio	n adopts the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes.	signation "Corp," "Inc	c," or "Co". A professi	porated" or the onal corporation
B. Enter new principal office address, if applica	able:		
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS )		5 5 E
			2 2
	***************************************		8 5
C. Enter new mailing address, if applicable:			PM 4: 22
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )		
			22 080
D. If amending the registered agent and/or regi		n Florida, enter the nan	ne of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
		, Florida	
	(City)	, Plonda_ (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation	s of the position.
	I surry with the	2.2 <b>.p</b> r 001. <b>0</b> 4110111	Jve poomon
	atema of Nov. Pagintana	d Agant if aboveing	

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)

Title <u>Name</u> Address Type of Action **√**.P. **GARY PATLAK** ☐ Remove HALLANDALE, FL 33009 ☐ Add \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption:		
Effective date if applicable:	11/18/10	
(no	o more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or 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	ting group)	
(vo	ting group)	
The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	18/10	
selected	itector, 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)	
· 	(Typed or printed name of person signing)	
_	(Title of person signing)	