## PIDDD85494

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Addiess)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , , ,                                   |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| , ,                                     |
|   |
|   |
|   |
|   |
|   |
|   |
| <u> </u>                                |

Office Use Only



500318390905

09/17/18--01025--001 \*\*35.00

SEP 1 9 2018 S. YOUNG B SEP 17 /M B: 1

## **COVER LETTER**

| TO: | Amendment Section        |  |  |  |  |
|-----|--------------------------|--|--|--|--|
|     | Division of Corporations |  |  |  |  |
|     |                          |  |  |  |  |

| NAME OF CORPORATION: Styline National Transportation In DOCUMENT NUMBER: P10000085494  | ۱ ( |
|--|-----|
| The enclosed Articles of Amendment and fee are submitted for filing.   |     |
| Please return all correspondence concerning this matter to the following:  |     |
| Jaime Arboleda  Name of Contact Person   |     |
| Firm/Company 21710 US 98 Lot 733 Address   |     |
| Address  Dade City, FL 33523  City/ State and Zip Code   |     |
| E-mail address (to be used for future annual report notification)  |     |
| For further information concerning this matter, please call:   |     |
| at () 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:  |     |
| S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate Ocopy  (Additional Copy is enclosed) |     |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle  |     |

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

| of   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Skyline Nat  | nonal Transportation Inc   |  |  |  |  |  |
| (Name of Corporation as currently  | filed with the Florida Dept. of State)   |  |  |  |  |  |
| P10000085494   |  |  |  |  |  |  |
| (Document Number of  |  |  |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to  |  |  |  |  |  |
| A. If amending name, enter the new name of the corporation:  |  |  |  |  |  |  |
|  | The new  |  |  |  |  |  |
| name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I | ," "company," or "incorporated" or the abbreviation<br>Co". A professional corporation name must contain the |  |  |  |  |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 21710 US 98 Lot 733<br>Dade City, FL 33523   |  |  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 21710 US 98 Lot 733<br>Dade city, FL 33523   |  |  |  |  |  |
| 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 JAIME A   | rboleda  |  |  |  |  |  |
| 21710 US 9<br>(Florida stre  | <del></del>  |  |  |  |  |  |
| New Registered Office Address: Dade City   | City) (Zip Code)   |  |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | ith and accept the obligations of the position.  |  |  |  |  |  |
| Signature of New Re  | SEP F Progistered 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)

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             | <u>PT</u> <u>John D</u> | doe              |                     |
|-------------------------------|-------------------------|------------------|---------------------|
| X Remove                      | <u>V</u> <u>Mike J</u>  | <u>ones</u>      |                     |
| X Add                         | SV Sally S              | <u>mith</u>      |                     |
| Type of Action<br>(Check One) | <u>Title</u>            | Name             | <u>Addres</u> s     |
| 1) Change                     | PD                      | Fabro Gonzalez   | 7872 Andora DR      |
| Add                           |                         |                  | Sarasota, FL 34238  |
| Remove                        |                         |                  | ·                   |
| 2) Change                     | VPD                     | MAria R GONZalez | 7872 Andora DR      |
| Add                           |                         |                  | Sprasota FL 34238   |
| Remove                        |                         |                  |                     |
| 3) Change                     | P                       | Jaime Arboleda   | 21710 US 48 Lot 733 |
| Add                           |                         |                  | Dade City, FL 33523 |
| Remove                        |                         |                  | <u>.</u>            |
| 4) Change                     |                         |                  |                     |
| Add                           |                         |                  |                     |
| Remove                        |                         |                  |                     |
| 5) Change                     |                         |                  |                     |
|                               |                         |                  |                     |
| Add                           |                         |                  |                     |
| Remove                        |                         |                  |                     |
| 6) Change                     |                         |                  |                     |
| Add                           |                         |                  | <del></del>         |
| Remove                        |                         |                  |                     |

|  | is, if necessary).                  | (Be specific)                          |   |  |             |   |
|--|-------------------------------------|--|---|--|-------------|---|
|  | N/A                                 |  |   |  |             |   |
|  | -70/71                              | <u></u>                                |   |  | <del></del> |   |
|  |                                     |  | -   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             | _ |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  | · · · · · · · · · · · · · · · · · · ·     | <del></del>                            |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  | ·   | <del></del>                            |             |   |
|  |                                     |  |   |  | <u>.</u>    |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  | <del></del> |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
|  | <u> </u>                            |  | ·   |  |             |   |
|  |                                     |  |   |  |             |   |
|  |                                     |  |   |  |             |   |
| f an amendment pro   | vides for an exch                   | ange, reclassific                      | ation, or cancella                        | tion of issued sha                     | res,        |   |
| <u>provisions for imple</u>                                      | menting the ame                     | ange, reclassific<br>ndment if not co  | ation, or cancella                        | tion of issued sha<br>endment itself:  | eres,       |   |
| f an amendment pro<br>provisions for imple<br>(if not applicable | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | ation, or cancella<br>entained in the am  | tion of issued sha<br>sendment itself: | ires,       |   |
| <u>provisions for imple</u>                                      | menting the ame                     | nange, reclassific<br>ndment if not co | eation, or cancella                       | tion of issued sha<br>endment itself:  | eres,       |   |
| <u>provisions for imple</u>                                      | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella<br>ntained in the am  | tion of issued sha<br>endment itself:  | eres,       |   |
| <u>provisions for imple</u>                                      | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella                       | tion of issued sha<br>endment itself:  | eres,       |   |
| provisions for imple   | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella<br>entained in the am | tion of issued sha<br>cendment itself: | eres,       |   |
| provisions for imple   | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella                       | tion of issued sha<br>endment itself:  | eres,       |   |
| provisions for imple   | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella                       | tion of issued sha<br>tendment itself: | eres,       |   |
| f an amendment pro<br>provisions for imple<br>(if not applicable | menting the ame<br>:, indicate N/A) | nange, reclassific<br>ndment if not co | eation, or cancella                       | tion of issued sha                     | eres,       |   |
| provisions for imple   | menting the ame<br>:, indicate N/A) | nange, reclassific                     | eation, or cancella                       | tion of issued sha                     | res,        |   |

| The date of each amendment(s) adoption:  | 4-13-18                                       | ,   | , if other than the     |
|--|---|---|-------------------------|
| date this document was signed.   |   |   |                         |
| Constitute data of applicability   | 9-13-18                                       |   |                         |
| Effective date if applicable: (1)  | no more than 90 days afte                     | r amendment file date)  |                         |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | meet the applicable statut<br>ate's records.  | ory filing requirements, this date w                                    | ill not be listed as th |
| Adoption of Amendment(s) (CHEC   | CK ONE)                                       |   |                         |
| The amendment(s) was/were adopted by the sha<br>by the shareholders was/were sufficient for app        |   | votes cast for the amendment(s)   |                         |
| ☐ The amendment(s) was/were approved by the st<br>must be separately provided for each voting gr       |   |   |                         |
| "The number of votes east for the amenda   | nent(s) was/were sufficien                    | t for approval  |                         |
| by   | . <u>.                                   </u> | 34  |                         |
| (voting  | g group)                                      |   |                         |
| ☐ The amendment(s) was/were adopted by the boaction was not required.                                  | ard of directors without sh                   | areholder action and shareholder  |                         |
| ☐ The amendment(s) was/were adopted by the included action was not required.                           | corporators without shareh                    | older action and shareholder  |                         |
| naliz  | 19  | -   |                         |
| DatedSignature   |   |   |                         |
|  |   | ectors or officers have not been<br>a receiver, trustee, or other court | -                       |
| appointed fiduciary by   |   |   |                         |
|  | ablio Gr                                      | nzàloz.   |                         |
| (T <sub>)</sub>  | ped or printed name of pe                     | erson signing)  |                         |
|  | Hanager                                       | (Ourer).  |                         |
| - <del></del>  | (Title of person s                            | igning)   |                         |