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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

More

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ation: SICU_	INE lia for	ar ransportation
DOCUMENT NUMB	121	0008549	4
The enclosed Articles of	f Amendment and fee are so	abmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
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		Name of Contact Perso	n
-		Firm/ Company	
-		Address	
-		City/ State and Zip Cod	c
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Name of	Contact Person	at ( Area Co	)de & Daytime Telephone Number
Enclosed is a check for	the following amount made		•
\$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 tassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

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Articles of Incorporation of

Skyline National	Transportation, I.h.C.
(Name of Corporation as currently filed wi	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	27
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SE 23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 PH
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the
Name of New Registered Agent	
(Florida street addres:	<u> </u>
New Registered Office Address: (City)	, Florida(Zin Code)
(Cap)	(ap Coue)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and a	accept the obligations of the position.
Signature of New Registered	f da

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		Jaime Arboleda	21710 US 98
Add				Lot 733
Remove	_			Dude city, FL 33523
2)Change	P	_	Julian Mccann	1
Add				Lot 733
Remove				Duck city FL 33523
3 ) Change		<del>-</del>		<del>-</del>
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_	-	<del></del>
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or ado</u>	ling additional Arti	des, enter change(s) here:		
(Attach additional sa	heets, if necessary).	(Be specific)		
1	V/A			
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D 16				
r. II an amendment p	clomenting the amor	ange, reclassification, or or diment if not contained in	the amendment itself	nares,
(if not applica	ble, indicate N/A)	ioniciit ii not containea iii	the amenoment usen:	-
	ine, indicate 147717			
NA				
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The date of each amendment(s) adoption:	han the
Effective date if applicable: 7-11-19	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Laine Arboleda	
(Typed or printed name of person signing)  (Title of person signing)	