

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : 120060000012
Phone : (305) 826-5886
Fax Number : (305) 722-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -2 AM 9:24

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LC CARGO SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

NOV 03 2010

EXAMINER

11/02/2010 15:14 3057220535

MARTIN ACCOUNTING

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11/2/2010 2:54:31 PM PAGE 1/001 Tax Server



November 2, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LC CARGO SERVICES, INC
12691 NW 32ND PL
SUNRISE, FL 33323US

SUBJECT: LC CARGO SERVICES, INC
REF: P10000088578

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The last page of your amendment form was not submitted with the rest of your application. Please locate missing page and resend complete document.

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 A. Gulliatte
Regulatory Specialist II

FAX Aud. #: H10000238762
Letter Number: 710A00025813

RECEIVED

10 NOV -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

LC CARGO SERVICES, INC

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

P10000088578

(Document Number of Corporation (if known))

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:

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

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

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

10 NOV -2 AM 9:26

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DIVISION OF CORPORATIONS

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>
VPD	CRESCENZI, CLAUDIA	12691 NW 32ND PL SUNRISE, FL 33323	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

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: 10/27/2010
(date of adoption is required)
Effective date if applicable: 10/27/2010
(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 10/27/2010

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)

CLAUDIA CRESCENZI

(Typed or printed name of person signing)

VPD

(Title of person signing)