Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Cor		
	Fax Number	(850)617-6380	
From:			
	Account Name	EXPRESS ACCOUNTING AND INCOME T	'AX 5VCS CORP.
	Account Number	I20060000141	~>
	Phone	(954)788-7400	202
	Fax Number	(954)366-5644	
			_ <u>C.</u>
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*=nter :	the email address	for this business entity to be u	used for future 🚫
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SKY MARBLE RESTORATION INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## COVER LETTER

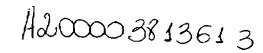
TO: Amendment Section
Division of Corporations

NAME OF COR	RPORATION: SKY MARBLE R	ESTORATION INC	
DOCUMENT N	UMBER: P11000095757	<u> </u>	
The enclosed Arta	icles of Amendment and fee are si	abmitted for filing.	
Please return all o	correspondence concerning this ma	itter to the following:	
	ANIBAL QUINTAO		
		Name of Contact Person	<del></del>
	EXPRESS ACCOUTING A	ND INVESTMENT CORP	
		Firm/ Company	
	3927 N FEDERAK HWY,		
		Address	
	POMPANO BEACH, FLOR	RIDA , 33064	
		City/ State and Zip Code	
	EACLIENTS@GMAIL.CO	М	
	E-mail address: (to be u	sed for future annual report notifica	tion)
Tan Englassings		as salls	
ror turner intom	nation concerning this matter, plea		
ANIBAL QUINT	ΓAO	at () 954 Area Code & Da	788-7400
.N:	ame of Contact Person	Area Code & Da	lytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Department	of State:
\$35 Filing Fe	Certificate of Status	Certified Copy Cer (Additional copy is Cer enclosed) (Ad	2.50 Filing Fee tificate of Status tified Copy Iditional Copy enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Se Division of Cot The Centre of 2415 N. Mont	etion rporations Tallahassee roe Street, Suite 810

Jan 29 21,01:07p

## Articles of Amendment to Articles of Incorporation

oſ



(Name of Corporation as curre	ntly filed with the Florida Dept. of State)				
211000095757					
(Document Number	of Corporation (if known)				
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) t				
If amending name, enter the new name of the corporation:  AIM TRANSPORT OF FLORIDA INC.					
ume must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc." or "Co", chartered," "professional association," or the abbreviation "P.A					
Enter new principal office address, if applicable:	929 SPRING CIR				
Principal office address MUST BE A STREET ADDRESS )	APT 104				
	DEERFIELD BEACH, FLORIDA, 33441				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	929 SPRING CIR				
	APT 104				
	DEERFIELD BEACH , FLORIDA, 33441				
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:				
	treet address)				
(Florida s	treet address)				
(* 10) (20)	<b>ري</b> شند ن				
New Registered Office Address:	, Florida				

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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 = Vicc 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 hold. 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>	John D	<u>oe</u>	
$\underline{X}$ Remove	Y	Mike J	<u>ones</u>	
$X  ext{ Add}$	<u>SV</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<del>_</del>		
Add				
Remove				
4)Change		_		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
5) Change		-		
Add				
Remove				
6) Change				
Add				
Remove				

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tach additional sheets, if necessary).	(Be specific)			
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n amendment provides for an excha	nge reclassificatio	n or cancellation	of icewad chance	
	dment if not conta	ined in the amend	ment itself:	
ovisions for implementing the amen-				
ovisions for implementing the amen				
ovisions for implementing the amend (if not applicable, indicase N/A)				
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The date of each amendment(s) adoption:, if other than the
date this document was signed, if other than the
Effective date if applicable:
(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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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
ъу
by
Dated
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DERLIMARIO TRIXEIRA
(Typed or printed name of person signing)
(Title of person signing)