P11000100459

(Requestor	s Name)	
(Address)		
(Address)		
(City/State/2	Zip/Phone #)	
PICK-UP \(\big \)	WAIT MAIL	
(Business E	Entity Name)	
(Document Number)		
Certified Copies C	ertificates of Status	
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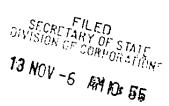
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Southwest	Florida Limousii	ne,Inc.	
	BER: P1100010045			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	Dennis Marshall			
		Name of Contact Person	1	
	Southwest Florida Limousine Inc			
		Firm/ Company		
	P.O. Box 150664			
,		Address	- ···	
	Cape Coral, FL 3	3915		
		City/ State and Zip Cod	e	
•				
	E-mail address: (to be us	sed for future annual report	notification)	
	E man address, (to be a.	tor ratare annual report	notification;	
For further information	n concerning this matter, pleas	se call:		
Dennis Marshall		at (239	731-7433	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation



Southwest Florida Limousine, Inc.		10 9 B
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P11000100459		
(Document Number of Corporation ((if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	5261 Pine Island Rd. NW	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ste 102	_
	Bokeelia, FL 33922	-
C. Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
D. If amonding the project and analysis of the state of t		<u>-</u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent Dennis Marshal	ii	
5261 Pine Islar	nd Rd NW	
(Florida st	reet address)	
New Registered Office Address: Bokeelia	, Florida 33922	
(City,	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent I have by accept the appointment as registered agent I am familiar		
	the position.	
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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Ibrahim, Christina I	1609 Beachwood Dr
Add			North Fort Myers, FL
Remove			33903
2) Change	VP	Johnson, Connie S	3144 NW 34th Ave
Add			Okeechobee, FL
Remove			34972
3) Change	Р	Marshall, Dennis	5261 Pine Island Rd NW
✓ Add			Bokeelia, FL
Remove			33922
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	
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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the stitendiment itsen;

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: //-/-3	
(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	
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)	_
Dennis Marshall	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_