P12-000025230

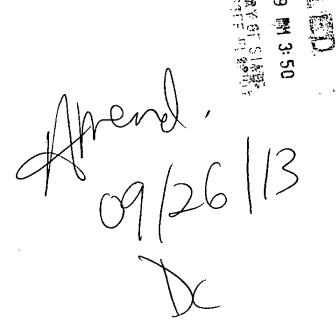
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DIAMOND TAXI and SHUTTLE, INC. DOCUMENT NUMBER: P12000035330 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Ave Address For further information concerning this matter, please call: Ebony Mc Bride Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fcc & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation of		
(Name of Corporation a rently f	Taxi and SHuttle, Inc	· .	
5)DD&5&3D		
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follo	wing amendm	ent(s) to
A. If amending name, enter the new name of the c	corporation:		
		The nev	w
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the p," "Inc," or "Co". A professional corporation name mee abbreviation "P.A."	e abbreviation ust contain th	n e
B. Enter new principal office address, if applicable	le <u>:</u>		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>ox</i>)		
			
		<u> </u>	
27 Manualing the registered agent and/or registered	ered office address in Florida, enter the name of the	75. UP	entBill
A Section of the Control of the Cont	-		CONTRACTOR OF
		(1) O	2 200
		西 建	3.30
New Registered Office Address:	. Florida	بن بن	
New Neglinered Vijice Hadress.	(City) (In Carlo	高高	
		\$.	-
New Registered Agent's Signature, if changing Re	raixtered Agent		
	I am familiar with and accept the obligations of the positi	o n .	
Signature of N	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 <math>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.

X Change	PT John I	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>lones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) X Change Add Remove	P.Ceo.S	Ebony McBride	Daytona Beach, FL 32117
2) Change Add Remove	YPI	JEAN Ashley Bailey	1059 mason Ave Daytona Beach, Fl 32117
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassific adment if not co	ation, or cancellation of issued shares, ntained in the amendment itself:
		A
	\vee	V 3
		y J

The date of each amendment(s) adoption:		
Effective date if applicable:		
- Application	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 916	.13	
Signature E	ony M' Rai	
(By a d	irector president or other officer - if directors or officers have not been	<u> </u>
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	Ebony mcBride	
	(Typed or printed name of person signing)	
	Ebony MBride (Typed or printed name of person signing) President	
	(Title of person signing)	