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2012 NOV -9 PH 2: 15
SECRETARY OF STATE
TALL ABASSEF, FLORIDA

Amend

NOV 9 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Black Tie Specialized Carriers Inc
DOCUMENT NUMBER: <u>P12000087058</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Anderson Name of Contact Person Black Tie Specialized Carriers Inc. Firm/Company 4327 S. Hwy 27 Ste. 424 Address Clermont FL 34711 City/State and Zip Code
Sarah (a) bt carriers. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah Anderson at 352 432-5572 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\text{\$\subseteq}\$\$\$\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\text{\$\subseteq}\$
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

FILED Articles of Incorporation

2012 NOY -9 PM 2: 15

TALLAHASSEE, FLORIDA

(Document Number of Corporation (ii known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4327 S. Hwy 27 Ste. 424 Clermont FL 34711
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4327 S. Hwy 27 Ste. 424 Clermont FL 34711
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the s:
Name of New Registered Agent NAME NAME OF NEW REGISTERED NAME NAME NAME NAME NAME NAME NAME NAME	· · · · · · · · · · · · · · · · · · ·
(Florida st	reet address)
New Registered Office Address: (City,	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
C/ 4	Anna if alonging

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 <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.

Example: X Change	PT Johr	n Doe	
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) X Change	PST	Sarah Anderson	9410 Meadow Crest Ln
Add Remove			<u>Clermont FL34711</u>
2) Change		Ernest Grasty	P.O. Box 722 Winters CA 95694
Remove 3)ChangeAdd			
Remove 4) Change Add		<u></u>	
Remove 5) Change Add			
Remove 6) Change	<u></u>		
Add			
Remove		•	

E. <u>If ame</u>	ending or adding additional Articles, enter	r change(s) here:
(Attach	h additional sheets, if necessary). (Re spec	cific)
	N/A	
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. <u>If an a</u>	amendment provides for an exchange, rec	classification, or cancellation of issued shares,
provi	visions for implementing the amendment if (if not applicable, indicate N/A)	f not contained in the amendment itself:
(,	(ij noi applicable, indicale N/A)	
	N/A	
	/	
<u> </u>		
_		
•		
	•	

The date of each amendment(s) adoption: _	October 30, 2012			
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CI	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.			
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):			
"The number of votes cast for the ame	endment(s) was/were sufficient for approval			
by	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder			
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder			
Dated October	30, 2012			
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)			
SAI	(Typed or printed name of person signing)			
_PR	CESIDENT (Title of person signing)			