

Feb. 19. 2014 11:19AM  
Division of Corporations

MCL TREATMENT

No. 9617 P. 1  
Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H14000040482 3)))



H140000404823ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

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

From:

Account Name : A & L CARRIER SERVICES INC.  
Account Number : I20110000033  
Phone : (786) 360-2879  
Fax Number : (786) 362-5270

FEB 20 2014

R. WHITE

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

Email Address: alcsinc@aol.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LCD TRANSPORT CORP

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

RECEIVED

14 FEB 19 AM 11:46

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 FEB 19 PM 12:25

FILED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LCD TRANSPORT CORP

DOCUMENT NUMBER: P13000010075

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELESTE FERRER

Name of Contact Person

LCD TRANSPORT CORP

Firm/ Company

3534 TAMARAC DR

Address

WEST PALM BEACH, FL 33406

City/ State and Zip Code

ALCSINC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A & L CARRIER SERVICES INC

Name of Contact Person

at ( 786 )

3602879

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

14 FEB 19 PM 12:25

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LCD TRANSPORT CORP**

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

**P13000010075**

(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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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                      PT      John Doe  
X Remove                     V      Mike Jones  
X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	CELESTE FERRER	3535 TAMARAC DR
<input type="checkbox"/> Add			WPB FL 33406
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	IVAN FEITO	3534 TAMARAC DR
<input checked="" type="checkbox"/> Add			WPB FL 33406
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

[illegible]

**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)

[illegible]

The date of each amendment(s) adoption: 02/19/2014, if other than the date this document was signed.

Effective date if applicable: 02/19/2014  
(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):

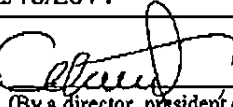
"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

☐ 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 02/19/2014

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)

CELESTE FERRER

(Typed or printed name of person signing)

PRESIEDNT

(Title of person signing)