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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GREEN CAB TRA	ANSPORTATION, INCOR	PORATED		
DOCUMENT NUM	P13000049268				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	ILAN KOWALSKY				
		Name of Contact Person	1		
	GREEN CAB TRANSPORTATION, INCORPORATED				
		Firm/ Company			
	3600 MYSTIC POINT DRIV	/E, #107			
		Address			
	AVENTURA, FL 33180				
	-	City/ State and Zip Cod	e		
BNA	ABAT688@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
BRUCE NABAT		305 at (891-0112 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporatio	n as currently filed with the	e Florida Dept. of State)	
P13000049268			
(Docume	ent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A profes		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida,	enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. If thereby accept the appointment as registered agent. If the signal accepts the appointment as registered agent. If the signal accepts the appointment as registered agent.	stered Agent: am familiar with and accept ture of New Registered Agen	**************************************	tion.

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)	Title	<u>Name</u>	Address		
1) Change	V	BRET GROVE	12 S. E. IST STREET		
X Add			DELRAY BEACH, FL 33444		
Remove					
2) Change			·		
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach <i>additior</i>	adding additional Articles and sheets, if necessary).	(Be specific)	_			
						
•						
·						
			-			
						
an amendm	ent provides for an exc	hange, reclassific	cation, or cancel	ation of issued s	hares,	
provisions fo	implementing the am	endment if not co	ontained in the a	mendment itself:	<u>:</u>	
(ij noi ap _l	olicable, indicate N/A)					
						
				- '		
						

	. 10-01-17	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09-29-17 Dated Signature		_
/(By:	a director president or other officer - if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
wh.l.v		
	ILAN KOWALSKY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	