## P14000057873

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: 24/7 Taxi Cabs, inc DOCUMENT NUMBER: P14000057873 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: P.O. Box 9206 Naples FL 34101 Name of Contact Person Figaro Gaston Firm/ Company 24/7 Taxi Cabs. inc Address 2770 Wild Pines Lane #1021 City/ State and Zip Code Naples FL 34112 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239-400-3331)

Area Code & Daytime Telephone Number contact@aoleab.com (fgaston77@gmail.com) Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

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

**TO:** Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

24/7 Taxi Cabs, inc				
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
P14000057873				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follo	owing amendme	ent(s) to
A. If amending name, enter the new na	ame of the corporation:			
Ride 247, inc			The new	,
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contractered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbrev A professional corporation name must co "	viation "Corp.,"	••
B. Enter new principal office address, if applicable:		2770 Wild Pines Lane apt 1021		
(Principal office address MUST BE A S		Naples FL 34112		
			20201	
C. Enter new mailing address, if applications of the control of th		P.O. Box 9206 Naples FL 34101	2020 HAR 23	• ‡
			70	
			2:	الع
D. If amending the registered agent ar new registered agent and/or the new			<u>:</u>	
Name of New Registered Agent	Figaro Gaston	_		
Nume of New Registered Agent	2770 Wild Pines LN #102	21	<del></del>	
	(Florida s	treet address)	<del></del>	
New Registered Office Address:	Naples , Florida 3411		12-4772	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c		it: with and accept the obligations of the positions of the positions.	ion.	
The contract of the second second	1		•	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>e</u>	
X Remove	<u>Y</u>	Mike Jor	nes .	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Add				
Remove				
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5) Change				
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Remove				***************************************
6) Change				
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Add				
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	sheets, if necessary	:). (Be specific)	ige(s) here:		
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an amendment	provides for an ex nplementing the a	xchange, reclassifi	cation, or cancell	ation of issued sha	res.
(if not applic	able, indicate N/A)	menament it not c	oniamed in the a	menament usen.	
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The date of each amendmen		if other than the
late this document was signed	3. - 03/16/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholde	er action and sharcholder
	re adopted by the shareholders. The number of votes cast for the amend ere sufficient for approval.	ment(s)
	re approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s)	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
03/12 Dated	/2020	
Signature _	The state of the s	
So	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	
	TIGARO GASTON  (Typed or printed name of person signing)	
	(Typed of printed limite of person ling.img)	
	CEU	
	(Title of person signing)	