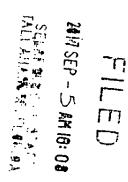
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(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Samuel's Transp	ortation, Inc.
DOCUMENT NUMBER: P14000065481	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
Shawnicka Samuel	
Samuel's Transportation, I	Name of Contact Person
5905 Ne 3rd Place	Firm/ Company
Ocała, FL 34470	Address
	City/ State and Zip Code
4Shawnicka@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	 ease call:
Shawnicka Samuel	at (352) 299-4579
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:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Amendment to Articles of Incorporation of

SAMUELS TRA	INSPORTATION INC			
(Name of Cornoration a	as currently filed with the Florida Dept. of State	<u> </u>		
P1400	00065481			
(Document	Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the	following	amend	lment(s) to
A. If amending name, enter the new name of the corpo	pration:			
NIA			The n	new [,]
name must he distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	'Inc," or "Co". A professional corporation nam	r the abi e must co	breviat ontain	ion the
B. Enter new principal office address, if applicable:	/ A			
(Principal office address MUST BE A STREET ADDRE:	<u>(SS)</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 of the regist			29 N SEP -5 AM 8: 08	F E D
new registered agent and/or the new registered offic	ce address: N/H	• •		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	. Florida			
	(City)	(Zip Ca	ode)	-
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: N/A n familiar with and accept the obligations of the pa	osition.		
Şignature	e 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	<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>Nar</u>	<u> </u> <u>ne</u> 	<u>Addres</u> s
1) Change	VP	Lu	 vShawna Samuel 	5905 Ne 3rd Place
X Add		_		Ocala, FL 34470
Remove				
2) Change	s	La _v	 wrence V. Samuel 	4322 Ne 11th Street
X Add				Ocala, FL 34470
Remove				
3) Change				
Add				
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	-		<u> </u>	
Add				
Remove				

E. If amending or adding additional Articles, e	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
No additional Articles. Ammendment soley for	ne purpose of adding additional officers
<u> </u>	
F. If an amendment provides for an exchange,	reclassification, or cancellation of issued shares,
provisions for implementing the amendment (if not applicable, indicate N/A)	of if not contained in the amendment itself:
	IA
	<u> </u>
	<u> </u>

Air Air	gust 30,2017
The date of each amendment(s) adoption:	, if other than the
August 30, 2017 Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (<u>CH</u>	ECK ONE)
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) proval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	 dment(s) was/were sufficient for approval
by	,,
(voti	ng group)
☐ The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	 ncorporators without shareholder action and shareholder
August 30,2017 Dated	
Signature	
(By a director, president)	tent or other officer - if directors or officers have not been
selected, by an incol appointed fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Shawnicka S	 Samuel
	Typed or printed name of person signing)
Presider	
	(Title of person signing)