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.

(((H150000901493)))



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

: JOHN M WICKER PA

Account Number : 120070000104

Phone

: (239)939-2222

: (239)939-2280

APR 14 2015

R. WHITE

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN AFFORDABLE LIMOUSINE SERVICE, INC.

The state of the s	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

ø

Electronic Filing Menu

Corporate Filing Menu

Help

239-939-2280

西地位日

15 APR 13 AM & 13

Articles of Amendment to

SECKETARY OF STATE

	Articles of Incorporation of	TALLAHASSEE, FLO
AFFORDABLE LIMOUSINE	SERVICE, INC	液藏
(Name of Corporation as currently file	d with the Florida Dept. of State)	
P15000009424		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corp	oration adopts the following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n	vord "corporation" or "incorporated" or the abbi <u>eme</u> .	eviation "Corp." or "Inc."
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		<u> </u>
7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		

 If amending the registered agent and/or r new registered agent and/or the new registered. 	<u>epistered office address in Florida, enter the na</u> stered office address:	me of the
Name of New Registered Agent:	·	-
New Registered Office Address:	(Fiorida tireos address)	•
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with and accept the obligation	s of the position
-	£	o majamama v

Page 1 of 4

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 X Remove X Add	<u>v</u>	ohn Doe Tike Jones ially Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	LUIZ C DIAS	2224 SW 3RD PLACE
X_Add			CAPE CORAL
Remove			FL 33991
2) Change		<u></u>	
Add			
Remove			
3) Change			
Add		•	
Remove		٠.	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

utaen aaattionat si	neets, if necessary,	rticles, enter cha). (Be specific)		•	
				<u></u>	
			_	_	
					
				_	
	····				_
. <u></u>					
		_			
					
				····	
		· - · · · · · · · · · · · · · · · · · ·			
				<u> </u>	
					
					

Page 3 of 4

	e date of each amendment(s) adoption:	if other than the
EM	tetive date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Ade	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members cutilled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 04/10/2015	
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	KELLY KILGORE	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	