## 43998

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

MK SUPER SHUTTLE, INC.

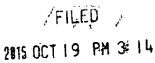
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	COVERLETTER	
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: MK SUPE	R SHUTTLE, INC.	
DOCUMENT NUMBER: P150000439	98	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
RALPH PADRO	N	
. `	Name of Contact Person	
PADRON & ASS	SOCIATES, INC.	
•	Firm/ Company	
2095 W 76TH S		
	Address	
HIALEAH, FL 33		
	City/ State and Zip Code	
RALPH@RALPHPA		
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
RALPH PADRON	at (305 818-0404  Area Code & Daytime Telephone Number	
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



MK SUPER SHUTTLE, INC.

TALL ANASSEE FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P15000043998

imendment(s) to

(Document Number of C	orporation (if known)		
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this <i>Florida Pro</i>	fit Corporation :	adopts the following
If amending name, enter the new name of the corr	poration:		
			:
ne must be distinguishable and contain the word orp.," "Inc.," or Co.," or the designation "Corp," rd "chartered," "professional association," or the al	"Inc," or "Co". A pro		porated" or the abl
Enter new principal office address, if applicable:			
incipal office address <u>MUST BE A STREET ADDR</u>	LESS)		
	<del></del>	M** · · · · · · · · · · · · · · · · · ·	
Euter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	) <u> </u>	<del></del>	
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If amending the registered agent and/or registered	d office address in Flori	da. enter the na	me of the
new registered agent and/or the new registered of			
Name of New Registered Agent			
Name of New Negatered Agent			_
			_
•	(Florida street address)		
New Registered Office Address:	(O) 1	, Florida	
	(City)		(Zip Code)
•			
The state of the s			
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I c	eren Agent: am familiar with and acc	ent the obligatio	ns of the position
, objector in appointment as regulated again. Te	,	spr inc oongano	no of the position.
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Signature of New	Registered Agent, if cha-	rging	
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address of each Office (Attach additional shee Please note the officer/c P = President; V = Vice Executive Officer; CFC held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remove	r and/or D  is, if necess director title e President 0 = Chief I ver, Directo ed in the fol eaves the co ve, and Sal	irector beingary)  le by the first;  T= Treast  Financial Oper would be llowing man orporation, by Smith, SV	ng added: t letter of the office i wer; S= Secretary; fficer. If an officer/ PTD mer. Currently John Sally Smith is name	itle: D= Director; Ti director holds n 1 Doe is listed as	R≃ Tr nore th	lirector being removed and title, naturally and title, naturally as the control of the control	me, and
X Change	<u>PT</u>	John Doc				·	
X Remove	<u>V</u>	Mike Jone					
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Type of Action (Check One)	Title	N	ame	•	•	Address	
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2) Change						·	
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MK Super Shuttle

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Effective date if applicable:	(no more than 90 days after amendment file date)	<del>da-out-</del>
	(no more man > surje syste amonament yile state)	•
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	·
	proved by the shareholders through voting groups. The following statement reach 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add	opted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated 10/16/2	Shall burne	
Daled 10/16/2 Signature (By a d selecte	director president or other officer if directors or officers have not been od by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
Daled 10/16/2 Signature (By a d selecte	Inector president or other officer if directors or officers have not been and ovan incorporator -if in the hands of a receiver, trustee, or other court	· ·
Dated 10/16/2 Signature (By a d	hector president or other officer—if directors or officers have not been ad by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	· ·
Dated 10/16/2 Signature (By a d	thector president or other officer—if directors or officers have not been and oxfan incorporator—if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)  KELVYN R. FURNIEL	
Daled 10/16/2 Signature (By a d selecte	director president or other officer if directors or officers have not been ad oxyan incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)  KELVYN R. FURNIEL  (Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·