

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6330

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : T2004000007
Phone : (305) 640-0281
Fax Number : (305) 640-0282

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

Email Address: LAXMYSCARRIER1@gmail.com

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TRANSMAX CARRIER CORP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 SEP 14 AM 8:27

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANSMAX CARRIER CORP

DOCUMENT NUMBER: P15000077276

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LETICIA GONZALEZ

Name of Contact Person

TRANSMAX CARRIER CORP

Firm/ Company

827 NE 199 ST

Address

NORTH MIAMI, FL 33179

City/ State and Zip Code

laxmyc2001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

at 305

640-0281

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

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enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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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

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DIVISION OF CORPORATIONS

350-617-6381

9/19/2017 9:04:02 AM PAGE 1/001 Fax Server

5th REQUEST
PLEASE!!!



September 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRANSMAX CARRIER CORP
827 NE 199 ST #208
NORTE MIAMI, FL 33179US

SUBJECT: TRANSMAX CARRIER CORP
REF: P15000077276

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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The reason this is not legible is because there is lines running all through the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H17000243161
Letter Number: 317A00018952

RECEIVED

17 OCT 19 AM 7:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of
TRANSMAX CARRIER CORP

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

P15000677276

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated," or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," or the designation "P.A.," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

1175 NE MIAMI GARDENS DR APT 109

NORTH MIAMI BEACH, FL 33179

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

1175 NE MIAMI GARDENS DR APT 109

NORTH MIAMI BEACH, FL 33179

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

1175 NE MIAMI GARDENS DR APT 109

(Florida street address)

New Registered Office Address:

NORTH MIAMI BEACH

Florida

33179

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☒ Change	P	LETICIA GONZALEZ	1175 NE MIAMI GARDENS DR
☐ Add			APT 109
☐ Remove			NORTH MIAMI BEACH, FL 3317
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/14/2017, if other than the date this document was signed.

Effective date if applicable: 09/14/2017
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/14/2017

Signature [Signature]

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LETICIA GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)