Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JASON AND SISTERS TRANSPORTATION INC.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SON AND SIS	TERS TRANSPORTATIO	N INC		
DOCUMENT NUMBER: P1500	0087652				
The enclosed Articles of Amendme		ubmitted for filing.			
Please return all correspondence co	ncerning this ma	atter to the following:			
		MARIA T CHAVARRI	A		
	Name of Contact Person				
	20315 RANCH RD				
	Firm/ Company				
	CUTLER BAY, FL 33189				
	Address				
		City/ State and Zip Cod	c		
E-mail i For further information concerning		sed for future annual report	notification)		
LAXMY CHACON		at (<u></u> 305	_) 640-0281		
Name of Contact Pe	rson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:		
	5 Filing Fee & cate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahosson, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

LAXMY'S*CARRIER

16 APR 20 AM II: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

JASON AN	ID SISTERS TRANSPORTATION INC
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
	P15000087652
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	ornoration:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co" or the designation "Corp word "charlered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation of "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	<u>. </u>
Principal office address MUST BE A STREET ADD	DRESS)
C. Enter new mailing address, if applicable:	200
(Maiking address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
D. If amonding the gorintened agent and/or conjecture	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
The state of the s	
	(Florida street addruss)
New Registered Office Address:	, Florida
I THE WEST WAS TO THE PRODUCT OF THE	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	r <u>istered Agent;</u> I am familiar with and accept the obligations of the position.
mersel assett me atthemment on refinished of pient.	. will families and and a state of the families of the familie
	· · · · · · · · · · · · · · · · · · ·
Sign	nature 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,

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	VP	MARIA T CHAVARRIA	20315 RANCH RD
Add			CUTLER BAY, FL 33189
Remove			
2) Change	Þ	ISAAC V URBINA	20315 RANCH RD
X Add			CUTLER BAY, FL 33189
Remove			
3) Change			
Add			
Remove		·	-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Remove			

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thon, or cancellation of the amendo	of ixeuod shares, nent itself:	
		
		
	ntained in the amendo	ation, or cancellation of issued shares, ntgined in the amendment itself:

	04/20/16	
The date of each amendment date this document was signed		, if other than the
.	04/20/16	
Effective date <u>if applicable</u> :	(no more than 90 days	after amendment file date)
	this block does not meet the applicable s no Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/web by the shareholders was/web	e adopted by the shareholders. The numbers sufficient for approval.	per of votes cast for the amendment(s)
	re approved by the shareholders through ve ad for each voting group entitled to vote se	
"The number of votes	cast for the amendment(s) was/were suffi	cient for approval
by		."
<u> </u>	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors withou	ut shareholder action and shareholder
The amendment(s) was/we getion was not required.	re adopted by the incorporators without sh	areholder section and shareholder
04/20	/16	
Dated		•
		,
Signature _	· Vyana + Ma	unoma-
(i	ly a director, president or other officer - if	f directors or officers have not been
	elected, by an incorporator — if in the hand poointed fiduciary by that fiduciary)	is of a receiver, trustee, or other count
~	MARIA T CHA	VARRIA
	(Typed or printed name of	of person signing)
		r
	PRESIDENT	
	(Title of need	PAG Aigning)