P1600000 39775

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone #	()		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400288471564

08/01/16--01012--029 **35.00

2116 AUC 31 FA 5: 09

SEP 1 3 2015 C. CARROTHERS



August 9, 2016

MARILYN GONZALEZ 13202 NW 182 ST HIALEAH, FL 33018

SUBJECT: LIRE TRANSPORTATION INC

Ref. Number: P16000039775

We have received your document for LIRE TRANSPORTATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file 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.

Letter Number: 516A00016770

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

COVER LETTER

Division of Corpor	rations		•			
NAME OF CORPOR		E TRANSPOR				
DOCUMENT NUMB	er: <u> </u>	0000 39775				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corresp	ondence concerning this matt	er to the following:				
	MARI	Cyn Gonz Name of Contact Person	alez			
_		Name of Contact Person				
	.611	EE TRANSP Firm/Company	port Inc			
_		Firm/ Company				
_	13202	NW 12	82 ST			
	Halea	Address A H 33	5018			
	13202 NW 182 ST Address Address City/ State and Zip Code diaza +n @ yahor. com E-mail address: (to be used for future annual report notification)					
	diaza tn	@ yah	or. com			
	E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please call:						
MARIL	In Gonzalez	at (305	219-4408			
	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	☐S43.75 Filing Fee & Certificate 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

TO: Amendment Section

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 Articles of Incorporation

,	of	
LIRE TRANSPOR	tation	
	n as currently filed with the Florida Dept. of State)	
P16 0000 3977	15	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the cor	poration:	•
		The new
	! "corporation," "company," or "incorporated" or the c" "Inc," or "Co". A professional corporation name must abbreviation "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
(Mailing duaress MAT BE A POST OFFICE BOX		2/09 22
		77-20 25
		<u> </u>
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the	T) *
new registered agent and/or the new registered o		
Name of New Registered Agent		⊋ ,
	5	
	(Florida street address)	_
New Registered Office Address:	, Florida	
		Code)
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	stered Agent: I am familiar with and accept the obligations of the position.	
,		
a.	two of New Posistand Apart if shousing	_
Signa	iture 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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	Manuel Coto	13202 NW 1825T
X Add			Haleah Fe 33018
Remove			<u> </u>
2) Change			
Add '			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	tach <i>additional sheets, if</i>	necessary).	(Be speci	change(s) her ific)	<u>e</u> :	
		<u>, (, α)</u>	· · · · ·	-\1		
	addina	VY	10	The	corporation	\ ,
	7	. •	-	, _	. \	
		·				
-						
_					•	
	***************************************	<u> </u>		<u></u>		
		.			<u> </u>	
_						
lf :	rovisions for implement	ing the ame	nange, recl ndment if	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
<u>[f :</u>	an amendment provides rovisions for implement (if not applicable, indi	ing the ame	nange, recl ndment if	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
[f :	rovisions for implement	ing the ame	nange, recl ndment if	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
If :	rovisions for implement	ing the ame	nange, recl ndment if	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
if :	rovisions for implement	ing the ame	nange, recl ndment if	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
If i	rovisions for implement	ing the ame	nange, recl	assification, o not contained	r cancellation of issued sha in the amendment itself:	res,
If :	rovisions for implement	ing the ame	nange, recl	assification, o not contained	r cancellation of issued sha in the amendment itself:	ires,
If :	rovisions for implement	ing the ame	nange, recl	assification, o	r cancellation of issued sha in the amendment itself:	ares.
If:	rovisions for implement	ing the ame	nange, recl	assification, o	r cancellation of issued sha in the amendment itself:	ires.

The date of each amendment(s) adoption:	08/01/16	, if other than the
date this document was signed.	18/01/16	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block doe document's effective date on the Department		equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for approval.	for the amendment(s)
	y the shareholders through voting groups. The ting group entitled to vote separately on the	
"The number of votes cast for the a	mendment(s) was/were sufficient for approva	al
by		_,,
	(voting group)	
he amendment(: :re adopted by action was not required.	the board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action	and shareholder
Dated	6/16	
Signature	Culy years	
selected, by an	president or other officer—if directors or offi incorporator—if in the hands of a receiver, to liary by that fiduciary)	
	Marilyn Gonzale:	<u> </u>
•	(Typed or printed name of person signing	g) _.
	President	

(Title of person signing)