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Trucking Permits and More 8138772186

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10/27/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6380

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COR AMND/RESTATE/CORRECT OR O/D RESIGN USA PROFESSIONAL TRANSPORT INC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: USA PROFESSIONAL TRANSPORT INC

DOCUMENT NUMBER: PI600066157

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

Please return all correspondence concerning this matter to the following:

CUESTA LAHITTE, ANIKA
Name of Contact Person
USA PROFESSIONAL TRANSPORT INC
Firm/Company
1810 SPENCE AVENUE
Address
TAMPA, FL 33614
City, State and Zip Code

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

For further information concerning this matter, please call:

CUESTA LAHITTE, ANIKA at (813) (361) - 2411
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 | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$43.75 Filing Fee &
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Citizen Building
2651 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

USA PROFESSIONAL TRANSPORT INC

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

P16030066157

(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.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

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

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____

(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 Old, 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; VP = 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	MORENO PEREZ, PEDRO L	3810 SPENCE AVENUE TAMPA, FL 33605
☐ Add			
☒ Remove			
2) ☒ Change	P	CUESTA LAHITTE, ANIKA	3810 SPENCE AVENUE TAMPA, FL 33614
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

1. (Attach additional sheets, if necessary). (Be specific.)

1. Introduction

2. Background

3. Methodology

4. Results

5. Discussion

6. Conclusion

7. References

8. Appendix

9. Index

10. Summary

11. Abstract

12. Keywords

13. Subject

14. Topic

15. Field

16. Area

17. Discipline

18. Branch

19. Department

20. Faculty

21. School

22. College

23. University

24. Institution

25. Organization

26. Company

27. Enterprise

28. Business

29. Industry

30. Market

31. Sector

32. Field

33. Area

34. Discipline

35. Branch

36. Department

37. Faculty

38. School

39. College

40. University

41. Institution

42. Organization

43. Company

44. Enterprise

45. Business

46. Industry

47. Market

48. Sector

49. Field

50. Area

51. Discipline

52. Branch

53. Department

54. Faculty

55. School

56. College

57. University

58. Institution

59. Organization

60. Company

61. Enterprise

62. Business

63. Industry

64. Market

65. Sector

66. Field

67. Area

68. Discipline

69. Branch

70. Department

71. Faculty

72. School

73. College

74. University

75. Institution

76. Organization

77. Company

78. Enterprise

79. Business

80. Industry

81. Market

82. Sector

83. Field

84. Area

85. Discipline

86. Branch

87. Department

88. Faculty

89. School

90. College

91. University

92. Institution

93. Organization

94. Company

95. Enterprise

96. Business

97. Industry

98. Market

99. Sector

100. Field

101. Area

102. Discipline

103. Branch

104. Department

105. Faculty

106. School

107. College

108. University

109. Institution

110. Organization

111. Company

112. Enterprise

113. Business

114. Industry

115. Market

116. Sector

117. Field

118. Area

119. Discipline

120. Branch

121. Department

122. Faculty

123. School

124. College

125. University

126. Institution

127. Organization

128. Company

129. Enterprise

130. Business

131. Industry

132. Market

133. Sector

134. Field

135. Area

136. Discipline

137. Branch

138. Department

139. Faculty

140. School

141. College

142. University

143. Institution

144. Organization

145. Company

146. Enterprise

147. Business

148. Industry

149. Market

150. Sector

151. Field

152. Area

153. Discipline

154. Branch

155. Department

156. Faculty

157. School

158. College

159. University

160. Institution

161. Organization

162. Company

163. Enterprise

164. Business

165. Industry

166. Market

167. Sector

168. Field

169. Area

170. Discipline

171. Branch

172. Department

173. Faculty

174. School

175. College

176. University

177. Institution

178. Organization

179. Company

180. Enterprise

181. Business

182. Industry

183. Market

184. Sector

185. Field

186. Area

187. Discipline

188. Branch

189. Department

190. Faculty

191. School

192. College

193. University

194. Institution

195. Organization

196. Company

197. Enterprise

198. Business

199. Industry

200. Market

201. Sector

202. Field

203. Area

204. Discipline

205. Branch

206. Department

207. Faculty

208. School

209. College

210. University

211. Institution

212. Organization

213. Company

214. Enterprise

215. Business

216. Industry

217. Market

218. Sector

219. Field

220. Area

221. Discipline

222. Branch

223. Department

224. Faculty

225. School

226. College

227. University

228. Institution

229. Organization

230. Company

231. Enterprise

232. Business

233. Industry

234. Market

235. Sector

236. Field

237. Area

238. Discipline

239. Branch

240. Department

241. Faculty

242. School

243. College

244. University

245. Institution

246. Organization

247. Company

248. Enterprise

249. Business

250. Industry

251. Market

252. Sector

253. Field

254. Area

255. Discipline

256. Branch

257. Department

258. Faculty

259. School

260. College

261. University

262. Institution

263. Organization

264. Company

265. Enterprise

266. Business

267. Industry

268. Market

269. Sector

270. Field

271. Area

272. Discipline

273. Branch

274. Department

275. Faculty

276. School

277. College

278. University

279. Institution

[illegible]

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

Effective date if applicable: _____
(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 10/27/2017

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)

CUESTA LAHITTE, ANIKA

 (Typed or printed name of person signing)

MD

 (Title of person signing)