

P110000068137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

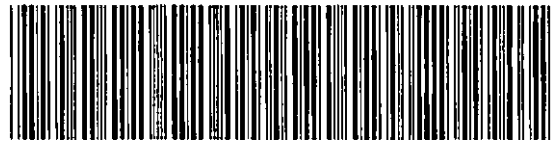
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800303914548

09/28/17--00012--012 **43.75

And

OCT 17 2017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 16 AM 11:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2017

PABLO JAVIER ACQUILA
1835 NW OPA LOCKA BLVD
OPA LOCKA, FL 33054

SUBJECT: TRANSPORTE PILAR INC
Ref. Number: P16000068137

We have received your document for TRANSPORTE PILAR INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 417A00019746

RECEIVED
17 OCT 16 PM 12:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

O: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANSPORTE PILAR INC
DOCUMENT NUMBER: P16000068137

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

Please return all correspondence concerning this matter to the following:

PABLO JAVIER ACQUILA
Name of Contact Person
TRANSPORTE PILAR INC
Firm/ Company
1835 NW OPA LOCKA BLVD
Address
OPA LOCKA FL 33054
City/ State and Zip Code

mabrobusinessconsulting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO JAVIER ACQUILA at (786) 487-8784
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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

Articles of Amendment
to
Articles of Incorporation
of

TRANSPORTE PILAR INC

FILED
17 OCT 16 AM 11:21

(Name of Corporation as currently filed with the ~~State~~ SECRETARY OF STATE
TALLAHASSEE FLORIDA)

P16000068137

(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**)

1835 OPA LOCKA BLVD

OPA LOCKA, FL 33054

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

SAME

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

PABLO JAVIER ACQUILA

1235 NW 54 ST,

(Florida street address)

New Registered Office Address:

MIAMI

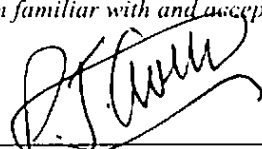
, Florida 33142

(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:

= 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) <input type="checkbox"/> Change	<u>PT</u>	<u>GARBARINI, FABIAN D SR</u>	<u>10921 NW 67 ST</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33178</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MAURO, DANIEL M SR</u>	<u>10921 NW 67</u>
<input type="checkbox"/> Add			<u>DORAL FL 33178</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PT</u>	<u>PABLO JAVIER ACQUILA</u>	<u>1835 NW OPA LOCKA BLVD</u>
<input checked="" type="checkbox"/> Add			<u>OPA LOCKA, FL 33054</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>CARLOS JAVIER OBHOLZ</u>	<u>1835 NW OPA LOCKA BLVD</u>
<input checked="" type="checkbox"/> Add			<u>OPA LOCKA, FL 33054</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

[illegible]

(if not applicable, indicate N/A)

[illegible]

09/01/2017

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

09/01/2017

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 09/01/2017

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)

PABLO JAVIER ACQUILA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)