P1600077392

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SECRETARY OF STATES

MAY \$ 0 2017

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KOAL EN	TERPRISES INC	
DOCUMENT NUMBER: P16000077392		
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ALEX CARNICERO	ı	
	Name of Contact Perso	on
 	Firm/ Company	
4713 NW 7 STREET	# 205	
MIAMI, FLORIDA 3	Address 33126	
	City/ State and Zip Co	de
jc3555@gmail.com		
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matte	er, please call:	
ALEX CARNICERO	at (299-2353
Name of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Dep	partment of State:
\$35 Filing Fee \$343.75 Filing F Certificate of S		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amen	t Address adment Section ion of Corporations
P.O. Box 6327	Clifto	n Building
Tallahassee, FL 32314	2661	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Fl	oride Dent of State)	
P16000077392	tiv inea with the 2 h	ornia Dept. of State)	
(Document Number	of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corp	poration adopts the following amendmen	nt(s) t
A. If amending name, enter the new name of the corporation:			
MIAMI LIMOUSINE AND TRANSPORTATION SERVICES IN	С	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A profession	r "incorporated" or the abbreviation	
B. Enter new principal office address, if applicable:	N/A). 	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		NACE SE	
			77
		25! <u>3</u>	
C. Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	IN/A		
		39 🚁	-
		Ģr. O	
D. If any adiabatic maintains a second and the seco			
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		er the name of the	
Name of New Registered Agent			
Name of New Registerea Agent			
(Florida s	treet address)		
	•	F1 11	
New Registered Office Address:	(City)	, Florida(Zip Code)	
	•		
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent. I am familian		obligations of the position.	
•••• • • • • • • • • • • • • • • • • •	Registered Agent, if		

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	PT	John Doe		
X Remove	Y	Mike Jone	<u>⊋s</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	Name .	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				· ·
Remove				
6) Change		 .		
Add				
Remove				

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

	, 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 n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	FIL 17 MAY 30
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/22/2017 Dated = 53 -	
Dated	PH 4: 40
Signature O	_
(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)	
ALEX J CARNICERO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	