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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ RJ Transportation Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Fernandez Name of Contact Person RJ Transportation, inc Firm/ Company 27011 Flossmoor Drive Address Bonita Springs,FL> 34135 City/ State and Zip Code marc.1958@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 830 ) 6231455 Area Code & Daytime Telephone Number Marc Porreca Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

RJ Transportation,Inc		
(Name o	of Corporation as currently filed with the Florida Dep	t. of State)
RJ Transportation,Inc		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorp ation "Corp," "Inc," or "Co". A professional corpor tion," or the abbreviation "P.A."	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
		<u>.                                    </u>
C. Enter new mailing address, if appli		•
(Mailing address <u>MAY BE A POST</u> )	OFFICE BOX)	
	-	
	-	
	d/or registered office address in Florida, enter the na	me of the
new registered agent and/or the new		
Name of New Registered Agent	Marc Porreca	
	27011 Flossmor drive	•
	(Florida street address)	
New Registered Office Address:	Bonita Springs	34135 Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	tered agent. Tam familiar with and accept the obligation	nsiof the position.
// //		2018
1/1/ c		# · · · ·
1-40	Signature of New Registered Agent, if changing	
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address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or fi , if necess rector titl Presiden = Chief er, Direct I in the fo aves the c	Director be sary) le by the fir t: T= Trea Financial ( or would b ollowing me corporation	rst letter of the office title: surer; S= Secretary; D= Director; TR= : Officer. If an officer/director holds more be PTD. unner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These	Trustee; $C = Chairman \text{ or } Clerk; CEO = Chief$ than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change,
Example: X_Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change	V		Магс Роггеса	27011 Flossmoor Drive
x Add				Bonita Springs,FL. 34135
Remove				
3) Change				<u> </u>
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		<del>.</del>		
Add				
Remove				
6) Change				
Add				

\_\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	ı
	i .
	1
	1
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sharp provisions for implementing the amendment if not contained in the amendment itself:	<u>es</u>
(if not applicable, indicate N/A)	
Marc Porreca is now in ownership of 450 shares as of 01/01/2018Robert Fernandez now holds 5	550 shares
	-

	01/01/2018	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	(2010)	
01/03 Effective date <u>if applicable</u> :	/2018	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were sul	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and shareholder	
01/05/2018 Dated	A Esmande	
	rector, president or other officer – if directors or officers have not been	<del></del>
	, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Robert Fernandez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	