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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DIAMOND CAB SERVICES INC. P17000026828 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BARRY WASSERSTROM Name of Contact Person INFELD BARR REISKIND CPA'S, PA Firm/ Company 5011 S. STATE ROAD 7, SUITE 107 Address DAVIE, FL 33314 City/ State and Zip Code BARRY@INFELDBARRCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BARRY WASSERSTROM Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (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 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIAMOND CAB SERVICES INC.		•		
DIAMOND CAB SERVICES INC.	e of Corporation as currently filed with the M	orida Dept. of Sta	te)	· ·
	(Document Number of Corporation (if kn	owd)		
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corp		following amer	ndenent(s)
A. If amending name, enter the new	name of the corporation;			
DIAMOND CAB RADIO SERVICES				•
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the design word "chartered," "professional association	intain the word "corporation," "company," or gration "Corp," "Inc," or "Co". A profession intion," or the abbreviation "P.A."	"incorporated" (al corporation nan		new Mon i the
B. Enter new principal office address (Principal office address MUST BE A	k if applicable: STREET ADDRESS)	····	·	- -
•	·			
	<u> </u>			
C. Enter new mailing address, if and (Mailing address MAY BE A POS)	licable: OFFICE BOX)		KELAR AHASS	ן שור ויני
		·		
D. If amending the registered areas a new registered agent and/or the no	nd/or registered office address in Florida, ente	r the name of the	A I E	8 : 52
	HECTOD VIVES			
Name of New Registered Agent	·		<u> </u>	
	650 S.E. 2ND PLACE			
New Registered Office Address:	(Florida street address) HIALEAH	. Florida	33010	
	(Clty)		(Zip Code)	_
New Registered Agent's Signature, if a hereby accept the appointment as regis	thanging Registered Agent: tered agent. I am famillar with and accept the o	bligations of the po	sition.	
*	Structure of New Registered Agent if of		 -	• •

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>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)				
					
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<u>, , , , , , , , , , , , , , , , , , , </u>					
		<u> </u>			
f an amendment provides for an excl provisions for implementing the ame	hange, reclassificatendment if not cont	ion, or cancellation ained in the amer	n of issued sha dment itself:	res,	
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)		<u>.</u>			
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

The date of each amendu date this document was sig	ned.	_ if other than the
Reflective date if applicab		
	(no more than 90 days after amendment file date)	·
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will non the Department of State's records.	not be listed as the
Adoption of Amendment((CHECK ONE)	
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	,
The amendment(s) wash must be separately prov	were approved by the shareholders through voting groups. The following statemens rided for each voting group ensitled to vote separately on the amendment(s):	
"The number of ve	ries cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/section was not required.	were adopted by the board of directors without shareholder action and shareholder	
The emendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated	7/1/18	
¥∽ 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)	,
	HECTOR VIVES	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	