P100036535

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Maxim Transporta	tion Inc.			
DOCUMENT NUMB	ER: P17000036525				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Zee Diez				
•		Name of Contact Person	1		
	Maxim Transportation Inc.				
•		Firm/ Company			
	3303 S. Semoran Blvd., Ste.	303			
		Address			
	Orlando, FL 32822				
		City/ State and Zip Cod	e		
accou	nts@maximtours.net				
<u></u>	-	sed for future annual report	notification)		
	•		•		
For further information	concerning this matter, pleas	se call:			
Zee Diez		at (⁴⁰⁷	395-4152		
Name o	of Contact Person		de & Daytime Telephone Number		
,	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Isso 6327 Issaese, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Maxim Transportation Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P17000036525	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	E 4
C. Enter new mailing address, if applicable:	See of III
(Mailing address MAY BE A POST OFFICE BOX)	N/A STEEL
	2 S
	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
Name of New Registerea Agent	
(El ovida	street address)
N/A	street address)
New Registered Office Address: 1974	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
l hereby accept the appointment as registered agent. I am familia	
N/A	
	Registered Agent, if changing
Digitalare of Iven	The state of the s

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JAIN, MAHAVIR	
Add X Remove			
2) Change	P	VORA, HIMA	9992 Oak Quarry Dr.
X Add			Orlando, FL 32832
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendi</u>	ng or adding additiona ditional sheets, if necess	l Articles, enter chan ary). (Be specific)	ge(s) here:		
N/A	, i necess	ary). (be specific)			
		-	•		
F 16 am ama	- d 4 - wordd fou		4!		
proyision	ndment provides for an ns for implementing the	amendment if not co	ntained in the ame	ndment itself:	
	ot applicable, indicate N	/A)			
N/A					

				·	

	May 26, 2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
May 26, Dated Signature	2017	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Mahavir Jain	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	