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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: Maxim Transporta	tion Inc	
	MBER: P17000036525		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Zee Diez		
		Name of Contact Person	<u> </u>
	Maxim Transportation Inc		
		Firm/ Company	
	3303 S Semoran Blvd		
	· 	Address	
	Orlando, Florida 32822		
		City/ State and Zip Cod	e
acc	counts@maximtours.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Zee Diez		at (407	de & Daytime Telephone Number
Nan	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Maxim Transportation Inc		
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P17000036525		
V-1	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	icable:	A1/4
(Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent and or the new		
new registered agent and/or the new registered office Mahavir Jain		555_ 1
Name of New Registered Agent	3303 S Semoran Blvd	
	Orlando.	street address) 32822
New Registered Office Address:		(City) , Florida Zip Code)
		(Sigy)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent Lam familiar N	with and accept the obligations of the position.
	\ \	
	\mathcal{M}	Act
	Signature of New	Registered Agent, if changing
	X	

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: \underline{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 	Vora, Hima	
Add X Remove		'	
2) Change	P	Jain, Mahavir	3303 South Semoran Blvd
X Add			Orlando, Fl 32822
Remove			
3) Change			-
Add			
Remove			
4) Change			_
Add			
Remove			-
<i>5)</i> Change			
Add		<u> </u>	
Remove			-
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			
			
	 		
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· · · - · ·		1	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification	or cancellation of issued ed in the amendment itse	<u>l shares,</u> <u>lf:</u>
(if not applicable, indicate N/A)		1	
· - · ·			
	 -	•	

July 24, 2017	-c
The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as th
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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	.
(By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other (appointed fiduciary by that fiduciary)	Jourt
Hima Vora	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	