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COVER LETTER

TO:	Amendment Section
	Division of Corporations

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NAME OF CORPORATION: Justin 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:

Name of Contact Person 2807 < jUnit moc Address

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

tarabasia _____ar(<u>813</u> Nordia

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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١,	Articles of Amendment
	10
	Articles of Incorporation
	of
	Justin Transportations Inc.
	(Name of Corporation as currently filed with the Florida Dept. of State)
	PI700063727
	(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			2617
			<u>755</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			[
, <u></u>			
			5
		<u>.</u>	50
D. If amending the registered agent and/or registered office :	iddress in Florida, enter the nar	ne of the	<u></u>
D. If amending the registered agent and/or registered office : new registered agent and/or the new registered office add		ne of the	<u></u>
		ne of the	<u></u>
new registered agent and/or the new registered office add <u>Name of New Registered Agent</u>		<u></u>	
new registered agent and/or the new registered office add <u>Name of New Registered Agent</u>	<u>ress:</u>	ne of the	<u><u></u></u>

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

• • •

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 PΤ John Doe X Remove V Mike Jones X <u>SV</u> Add Sally Smith Type of Action Title <u>Name</u> Address (Check One) SU33 Femcy Finch Dr Morace Marsh VI 1) ____ Change unit 102X Add ampa, M. 33414 ____ Remove Nordia Fargharson 10610 N. 21 2) X Change _____ Add (1)2 Remove 3) ____ Change ____ Add _____ Remove 4) ____ Change ____ Add ____ Remove 5) Change _____ Add ___ Remove 6) Change Add Remove

ttach additional sheets, if necessary). (Be specific)	
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	tion on concultation of insued shures
an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co	ation, or cancellation of issued shares,
(if not applicable, indicate N/A)	manieu in the Bineriantent Rotar
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The date of each amendment(s) adoption: <u>11/28/17</u> date this document was signed.	, if other than the
• Effective date if applicable:	
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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $11/28/17$ Signature NCM	
(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)	
(Typed or printed name of person signing)	······
Vice President (Title of person signing)	