P18000016758

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		LEET SERVICE, INC.	
DOCUMENT NUME	P18000016758 ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Justin T. Lamb		
•		Name of Contact Person	1
	All Florida Fleet Service , In	c.	
		Firm/ Company	
	2021 Tallevast Rd. Ste-C		
•		Address	
	Sarasota, FL 34243		
		City/ State and Zip Cod	e
allflor	idafleetservice@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Justin T. Lamb		941 at (587-9271 de & Daytime Telephone Number
Name o	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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ALL FLORIDA FLEET SERVICE, INC.

2019 JAN 16 PM 4: 18

	All Middle And All Claudella Dane of State
218000016758	s currently filed with the Florida Dept. of State) UAL HARD OF 5 IALLAHASSEE.
(Document I	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	nutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corpor	ration:
	The new
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I ord "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating data ess MAT DE AT VOT (ATTOLDOS)	
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
	(Florida street address), Florida (City) (Zip Code)

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 = Trustae; 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>b.t.</u>	John Dae	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Levi N. Lamb	2021 Tallevast Rd, STE-C
Add XRemove			Sarasota FL 34243
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove		<u></u>	
5) Change Add			
Remove 6) Change Add Remove			

E. <u>If amending</u> (Attach addi	or adding tional sheets	additional Ar i, if necessary).	ticles, enter ch (Be specific	ange(s) here:)			
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F. <u>If an amend</u>	<u>iment provi</u> for implem	ides for an exc enting the am	<u>hange, reclass</u> endment if not	ification, or ca contained in (<u>incellation of i</u> : the amendmen	sned shares, t itself:	
(if not	applicable, i	indicate N/A)	SIGHER II HO		SIC MIR HUMAN	<u> </u>	
							
							
· 							
							
						-	
-		<u> </u>					

12/31/2018	
l'he date of each amendment(s) adoption:	f other than th
late this document was signed.	
12/31/2018	
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 date will not document's effective date on the Department of State's records.	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(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 (voting group)	
(voting group)	
☐ 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.	
12/31/2018	
Dated	
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)	
Justin T. Lamb	
(Typed or printed name of person signing)	
President	
(Title of person signing)	