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Office Use Only



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Marie Chango E Oneno

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORIDA MOTO	RCOACH SOLUTIONS, I	INC				
DOCUMENT NUME							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	ROLANDO FIGARI						
		Name of Contact Person	n				
	CONNEXXIONS BUS						
	Firm/ Company						
	12603 BELTINGLE CT						
	Address						
	ORLANDO. FL 32837						
	City/ State and Zip Code						
	RFIGARI@CONNEXXION	SBUS.COM					
	E-mail address: (to be us	sed for future annual report	notification)				
or further information	concerning this matter, pleas	se call:					
ROLANDO FIGARI		407	602-1000 EXT 201				
	f Contact Person	at (407	_)				
			,				
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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation

Articles of I	Incorporation		
	of Filen		
FLORIDA MOTORCOACH SOLUTIONS, INC	of FILED 2021 HAD 1 AM 10:		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P18000023177			
(Document Number	r 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		
A. If amending name, enter the new name of the corporation:			
CONNEXXIONS BUS, INC	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	12603 BELTINGLE CT		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32837		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	9924 UNIVERSAL BLVD SUITE 224-186 ORLANDO, FL 32819		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent			
The of the state o			
- (bilovida)	street address)		
(timuu:			
New Registered Office Address:	, Florida (City) (Zip Code)		

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)

Add

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 ٧ Mike Jones X Add <u>SV</u> Sally Smith Type of Action <u>Address</u> <u>Title</u> <u>Name</u> (Check One) 1) ____ Change Add _ Remove 2) ____ Change ___ Add __ Remove 3) Change ____ Add __ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change

Attach additional sheets, if necessary),	(Be specific)			
				
	 -			
-				
				<u> </u>
			 	
				
f an amendment provides for an exch	ange reclassificat	ion or cancallation	of icound charac	
provisions for implementing the ame	idment if not cont	tained in the amend	ment itself:	
(if not applicable, indicate N/A)				
<u> </u>				
				
				_

) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. <i>The follows</i> for each voting group entitled to vote separately on the amendme	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
selec	director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary) ROLANDO FIGARI (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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