

PI 80000 46371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

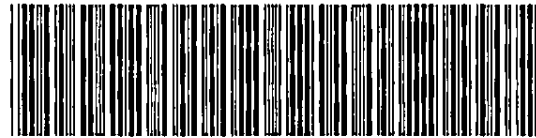
(Business Entity Name)

(Document Number)

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S TALLENT
FEB 01 2019

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JAN 31 PM 1:25
2019

Smart



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2019

MICHEL RINVILLE
11422 NE 13 AVE
NORTH MIAMI, FL 33161

SUBJECT: PSM TRANSIT INC.
Ref. Number: P18000046377

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 4 OF 4 MUST BE SIGNED BY AN DIRECTOR OR OFFICER, NOT THE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00001653

RECEIVED

2019 JAN 31 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

MICHEL RINVILLE
11422 NE 13 AVE
NORTH MIAMI, FL 33161

SUBJECT: PSM TRANSIT INC.
Ref. Number: P18000046377

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00000544

RECEIVED
2019 JAN 22 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PSM Transit, Inc

DOCUMENT NUMBER: P18000046377

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michel Rinville
Name of Contact Person

Firm/ Company

11422 NE 13 Ave
Address

North Miami, FL 33161
City/ State and Zip Code

taxipaws@aol.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel Rinville at (305) 438-1963
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

PSM Transit Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000046377

(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:

N/A 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. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11422 NE 13 Avenue

North Miami, FL 33161

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11422 NE 13 Avenue

North Miami, FL 33161

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Michel Rivinville

11422 NE 13 Avenue

(Florida street address)

New Registered Office Address: North Miami, Florida 33161
(City) (Zip Code)

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.

Michel Rivinville
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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Paul Vilme	480 NW 132 Street
<input type="checkbox"/> Add			Miami, FL 33168
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	Mireille Vilme	480 NW 132 Street
<input type="checkbox"/> Add			Miami, FL 33168
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	D	Durevoir Focette	480 NW 132 Street
<input type="checkbox"/> Add			Miami, FL 33168
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	T	Chantal Pierre	11422 NE 13 Ave
<input checked="" type="checkbox"/> Add			North Miami, FL 33161
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	S	Eustache Pierre	11422 NE 13 Ave
<input checked="" type="checkbox"/> Add			North Miami, FL 33161
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ 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)

☐ 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

01/29/2019

Signature

Mireille Vilme

(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)

Mireille VILME

(Typed or printed name of person signing)

VP

(Title of person signing)