P180000 46377

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PSM TRANSIT IN	IC	
DOCUMENT NUMBER: P18			
The enclosed Articles of Amena		bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		Name of Contact Persor	1
-		Firm/ Company	
	·	Address	
		City/ State and Zip Code	
E-m	ail address: (to be us	sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
VILCIN RINVILLE		954 at (865-6409
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:
	13.75 Filing Fee & retificate 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PSM TRANSIT INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P18000046377		
(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) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation,"	The new	
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	15401 NE 6th AVE SUITE B-205	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NORTH MIAMI BEACH, FL 33162	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15401 NE 6th AVE SUITE B-205	
	NORTH MIAMI BEACH, FL 33162	
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	dress in Florida, enter the name of the ss:	
(Florida s	reet address)	
New Registered Office Address:		
HER REGISTERE Office Mauress.	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent have been signatured in the second se	<u>nt:</u>	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.	
	202	
Signature of New	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
	$oldsymbol{arphi}$	

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)

Example:

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.

X Change	$\overline{\mathbf{b}}$	John Doe	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	GUERLY BRISSAULT	15401 NE 6th AVE SUITE B-205
X Add			NORTH MIAMI BEACH, FL
Remove			33162
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change_	·		
Add			
Remove			

	(Be specific)	
		_ -
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	18.1 18.1	
		
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adopt	ion:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	ino more than 20 days after amenament file dater	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements ment of State's records.	, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the ame ent for approval.	ndment(s)
	ed by the shareholders through voting groups. The following by voting group entitled to vote separately on the amendment	•
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	<u>.</u> ,	
,	(voting group)	
Dated 08	112/20	
Signature		
selected, by	or, president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or of iduciary by that fiduciary)	
VIL	CIN RINVILLE	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
_	(Title of person signing)	

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