P18 0000 74722

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations EMPORIK LIMOUSINE INC NAME OF CORPORATION: ____ P18000074722 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADINA M MIRON Name of Contact Person EMPORIX LIMOUSINE INC. Firm/ Company 2017 S OCEAN DR APT. 504 Address HALLANDALE BEACH, FL 33009

City/State and Zin Code City/ State and Zip Code PARTNER @ EMPORIK, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 770 8086

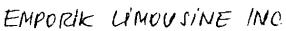
Area Code & Daytime Telephone Number ADINA M MIRON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation



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

P18000074722
(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:

its Articles of incorporation:	
A. If amending name, enter the new name of the corporation QUEST LIMOUSINE /N	
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	"." "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1333 E HALLANDALE BEACH BO
,	APT. 344 HALLANDALE BEACH, FL 33009
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2017 S OCEANOR. APT. 504
<u></u>	HALLANDALE BEACH, FL 3300
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
	u Miron
2017 5 00	EHN DR. HPT, 504 da street address)
(Florid	ta street address) 5
New Registered Office Address: HITCLIFIC UTFO	da street address) CE BEACH , Florida 33009 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	
All	
Signature of Ne	ew Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	7	<u>Name</u>	Address
1) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change				
Add				
Remove 3) Change		_ -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_ -		
Add				4 Part
Remove				

	additional Arti , if necessary).	(Be specific)	ige(s) here:			
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f an amendment provi provisions for implem	enting the ame	nange, reclassifi endment if not o	ication, or can	cellation of iss e amendment	ued shares, itself:	
	naicate N/A)					
(if not applicable, i						
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	V/4					

	imendment(s) adoption: 9/14/2020, if other than the
The date of each a date this document	was signed.
Effective date <u>if a</u>	pplicable: 9/14/2020 (no more than 90 days after amondment file date)
<u></u>	(no more than 90 days after amendment file date)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
Adoption of Ame	ndment(s) (<u>CHECK ONE</u>)
The amendmen action was not i	(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder equired.
	ders was/were sufficient for approval.
	(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
!	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)
	ADINA M MIRON
	(Typed or printed name of person signing)
	PREJIDENT
	(Title of person signing)