P180008712

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AMD TRANSIT, I ATION:	NC.	
DOCUMENT NUMBI	P18000081712 E R :		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	MYRIAM DELIEN		
-	AMD TRANSIT, INC	Name of Contact Person	on
-	2462 LAKE DEBRA DRIVE	Firm/ Company E. 2-309	
-	ORLANDO, FL 32835	Address	
_		City/ State and Zip Co	de
COME	EDUCATE@HOTMAIL.CO	М	
	E-mail address: (to be us	sed for future annual repor	1 notification)
For further information	concerning this matter, pleas	se call:	
MYRIAM DELIEN		407 at (690-7 973
Name of	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)
Amer Divis P.O. I	ng Address idment Section ion of Corporations 30x 6327 nassee, FL 32314	Amer Divis Clifto	t Address adment Section ion of Corporations on Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

AMD TRANSIT,	INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of S	tate)
P18000081712			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na Not Applicable	nme of the corporation:		The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ration "Corp," "Inc," or "C	Co". A professional corporation P.A."	" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		Not Applicable	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		Not Applicable	18 DEC -5
D. If amending the registered agent an new registered agent and/or the new	v registered office address:		the 03/04/05
Name of New Registered Agent	Not Applicable		
Viva Province and Office Address	(Florida stre	et address)	:
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of th	ne position.
	Not Applicable		
	Signature of New Re	egistered 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change	V	AURIOLE DI	ELIEN	2462 LAKE DEBRA DR #2-309
Add XX Remove				ORLANDO, FL 32835
2) Change		-		
Remove				
3) Change Add				
Remove				
4) Change Add				
Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

E. If amending or adding (Attach additional sheet: Not Applicable	s, if necessary). (Be spe				
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F. If an amendment prov provisions for implem (if not applicable,	enting the amendment	classification, or calif not contained in	ancellation of issued the amendment itse	l shares, df:	
Not Applicable	·				
					 _
	 				
	<u> </u>	-···			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: NOV 30, 2018 (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, thi document's effective date on the Department of State's records.	s date will not be listed as the
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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	г
11/30/2018	
Signature Mollen	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
MYRIAM DELIEN	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	

. . .