

P19000002932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

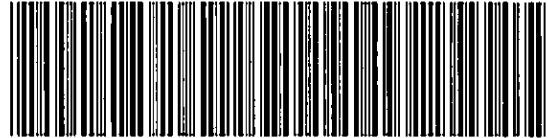
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 DEC 16 PM 12:06

Amend

DEC 26 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIARTMAIK TRANSPORT INC

DOCUMENT NUMBER: P19000002932

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

Please return all correspondence concerning this matter to the following:

Yanelys Quintero

Name of Contact Person

Jax Simple Filing Services, INC

Firm/ Company

9951 Atlantic Blvd Ste 414

Address

Jacksonville, FL 32225

City/ State and Zip Code

Jaxsimpleservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanelys Quintero

at (904) 374-4173

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:

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 DEC 16 PM 12:06

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DIVISION OF CORPORATIONS

RECEIVED

2019 DEC 16 PM 12:06

ST. FL.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2019

YANELYS QUINTERO
JAX SIMPLE FILING SERVICES, INC
9951 ATLANTIC BLVD STE 414
JACKSONVILLE, FL 32225

SUBJECT: LIARTMAIK TRANSPORT INC
Ref. Number: P19000002932

We have received your document for LIARTMAIK TRANSPORT INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Diane Cushing
Senior Section Administrator

Letter Number: 519A00023292

RECEIVED
19 DEC 16 AM 10:53

Articles of Amendment
to
Articles of Incorporation
of

LIARTMAIK TRANSPORT INC

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

P19000002932

(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)

13087 SW 82ND CT RD

OCALA, FL 34473

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

13087 SW 82ND CT RD

OCALA, FL 34473

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 ARTURO RANKIN

13087 SW 82ND CT RD

(Florida street address)

New Registered Office Address: Ocala, Florida 34473
(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.



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	<u>P</u>	<u>JORGE RANKIN</u>	<u>8506 RAINBOW AVE</u>
<input type="checkbox"/> Add			<u>ORLANDO FL 32825</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>ARTURO RANKIN</u>	<u>13087 SW 82ND CT RD</u>
<input checked="" type="checkbox"/> Add			<u>OCALA, FL 34473</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

10/11/2019

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)

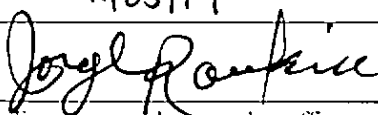
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 10/11/2019 11/05/19

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)

JORGE RANKIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 695.25

State of Florida

County of Orange

The foregoing instrument was acknowledged before
me this 5 day of November, 2019.
Date Month Year

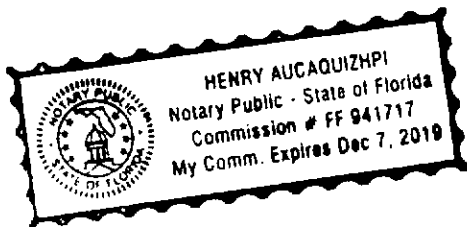
by Jorge Bankin
Name of Person Acknowledging

who is personally known to me or who has produced
Florida Drivers License

Type of Identification
as identification.

Henry Aucaguihpi
Signature of Notary Public

Henry Aucaguihpi
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Notary Public — State of Florida

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Article of Amendment

Document Date: 11/5/19 Number of Pages: 4

Signer(s) Other Than Named Above: N/A