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To:

Division of Corporations

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Account Name : A & L CARRIER SERVICES INC.

Account Number : I20110000033

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEODAN TIRE INC

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COVER LETTER

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Division of Corporations NAME OF CORPORATION: _ LEODAN TIRE INC DOCUMENT NUMBER: P20000071087 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEODAN SERRA SORIANO Name of Contact Person LEODAN TIRE INC Firny Company 7844 W 34TH CT Address HIALEAH FL 33018 City/ State and Zip Code INFO@ALCARRIERSERVICES INC E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIZ GONZALEZ 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 Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation, of "W: 1.5

LEODAN TIRE INC			
(Name	of Corporation as current	ly filed with the Florida De	pt. of State)
P20000071087		•	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation	
B. Enter new principal office address	if applicable:	12560 SW 189 street	
	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		12560 SW 189 street	
(1754) (1754) (1754) (1754) (1754) (1754) (1754)	<u>011102 2010</u>	Miami FL 33177	<u> </u>
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent			
	12560 SW 189 street		
	(Florida sti	reet address)	
N n : 106 111	Miami	,	Planta 33177
New Registered Office Address:		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	is with and accept the obligation	ons of the position.
	Signature of New F	Registered Agent, if changing	
Charle if annihable			
Check if applicable The amendment(s) is/are being filed p	ursuant 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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			12560 SW 189 Street
Add			Miami FL 33177
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

aniending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
	•
	
nn amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
	
	

	09/30/2020	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	09/30/2020	
	(no more than 90 days after amendm	ent file date)
	his block does not meet the applicable statutory filing ne Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	c adopted by the incorporators, or board of directors wi	thout shareholder action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes ca are sufficient for approval.	st for the amendment(s)
	e approved by the shareholders through voting groups. d for each voting group entitled to vote separately on the	
"The number of votes	cast for the amendment(s) was/were sufficient for appr	oval
by		
	(voting group)	
se	y a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver pointed fiduciary by that fiduciary) Leodan Serra Soriano	
	(Typed or printed name of person signi	ng)
	President	
	(Title of person signing)	