

To:

Page: 3 of 8

2022-06-30 15:07:21 GMT

1305489202

From: LAXMY CHAGON

6/24/22, 11:44 AM

P21000071600

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000218295 3)))



H220002182953ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : I20040000007  
Phone : (305)640-0281  
Fax Number : (305)489-2902

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

Email Address: laxmy@laxmy.com

RECEIVED

2022 JUN 30 AM 11:41

2022 JUN 30 PM 1:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
QUALITY LIMO SERVICES MIAMI INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS  
JUL 01 2022



June 30, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

QUALITY LIMO SERVICES MIAMI INC  
16922 NW 53RD CT  
MIAMI GARDENS, FL 33055US

SUBJECT: QUALITY LIMO SERVICES MIAMI INC  
REF: P21000071600

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.  
I certify from the records of this office that QUALITY LIMO SERVICES MIAMI INC is a Florida Declaration of Trust, authorized to transact business in the State of Florida, filed on August 9, 2021.

The document number of this trust is P21000071600.

I further certify said trust is active.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: QUALITY LIMO SERVICES MIAMI INC

DOCUMENT NUMBER: P21000071600

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

Please return all correspondence concerning this matter to the following:

GREISI JIMENEZ GUERRERO

Name of Contact Person

QUALITY LIMO SERVICES MIAMI INC

Firm/ Company

1213 SEAGRAPE CIR

Address

WESTON, FL 33326

City/ State and Zip Code

laxmyc2001@yahoo.com

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

For further information concerning this matter, please call:

LAXMY CHACON

at ( 305 ) 640-0281

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

QUALITY LIMO SERVICES MIAMI INC

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

P21000071600

(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:**

*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**)

1213 SEAGRAPE CIR

WESTON, FL 33326

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

**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: GREISI JIMENEZ GUERRERO

16922 NW 53RD CT

(Florida street address)

New Registered Office Address: MIAMI GARDENS

(City)

Florida 33055

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c) 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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	S	MIGUEL LOYNAZ OLIVA	22885 SW 123RD AVE
<input type="checkbox"/> Add			MIAMI, FL 33170
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	ANIA MARIA RODRIGUEZ	11039 NW 6TH TERR
<input checked="" type="checkbox"/> Add			MIAMI, FL 33172
<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			



The date of each amendment(s) adoption: 06/24/2022, if other than the date this document was signed.

Effective date if applicable: 06/24/2022  
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

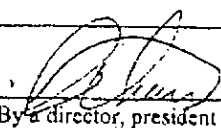
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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)

Dated 06/24/2022

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)

GREISI JIMENEZ GUERRERO

\_\_\_\_\_  
(Typed or printed name of person signing)

P

\_\_\_\_\_  
(Title of person signing)