

P23000065517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*

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2024 AUG 15 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 AUG 15 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 16 2024  
A RAMSEY

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$43.75  
AUTHORIZATION SIGNATURE: *John Yell*  
LIGHTNING EXPRESS COURIER, INCORPORATED. P23000065517  
BUSINESS ( Name) Document #.

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait  
☐ Photocopy

☐ Certified Copies of Articles of Organization  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ CORP  
☐ LLLP

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissociation or Resignation  
☐ Merger  
☐ Conversion

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

FD- Amendment Section  
Division of Corporations

NAME OF CORPORATION: LIGHTNING EXPRESS CARRIER, INCORPORATED  
DOCUMENT NUMBER: 923000065517

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

Please return all correspondence concerning this matter to the following:

NICHOLAS POSITANO  
Name of Contact Person  
LIGHTNING EXPRESS CARRIER, INCORPORATED  
Firm/ Company  
11611 PROSPECT DR., UNIT #3  
Address  
ODessa, FL 33556  
City/ State and Zip Code  
NICHOLAS POSITANO@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS POSITANO at ( 727 ) 741-1832  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED

2024 AUG 15 AM 10:22

Articles of Amendment  
to  
Articles of Incorporation  
of

LIGHTNING EXPRESS COPIER, INCORPORATED

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

P23000065517

(Document Number of Corporation (if known))

I, as one to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to the *Articles of Incorporation*:

A. 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)

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

D. 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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120(1)(f), F.S.

*(Attach additional sheets, if necessary)*

*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.*

A Change PT John Doe

\ Remove	<u>V</u>	Mike Jones
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© 2011 SV Sally Smith

Index

Name \_\_\_\_\_

Address

1) Change

D

## ANTOINETTE POSITANO

1161 PROSPECT DR.

Add

## Unit #3

☒ Remove

ORSA, FL 33556

2) Change

\_\_\_\_\_ Add

Remove

3) Change

Add

Remove

## Change

41

**ԻՆ ՍԱՐԳՈՒՄ**

change

Add

Remove

6) Change

           Add

         Remove

Attach additional sheets, if necessary. (Be specific)

Attach additional sheets, if necessary. (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

\_\_\_\_\_, 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 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 August 14th, 2024

Signature Nicholas Positano  
(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)

NICHOLAS POSITANO  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)