P24000050428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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Amend

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2024 AUG 15 PM 2:25
[illegible]

FILED
2024 AUG 15 AM 10:51
[illegible]

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: _____
LIGHTNING LOGISTICS CARRIERS, INC. P24000050428
BUSINESS (Name) Document #.

___ Walk in

___ Mail out

___ Photocopy

___ Pick up time____

____ Will wait

____ Certified Copies of Articles of Organization

___ Certificate of Status

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____CORP
____ LLLP

AMMENDMENTS

_X _Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissociation or Resignation
____Merger
____Conversion

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ APOSTIL ( ) _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign Filing
____Limited Partnership
____Reinstatement
____Trademark
____STATEMENT OF AUTHORITY

EXAMINER'S INITIALS:_____

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: LIGHTNING LOGISTICS CARRIERS, INC.

DOCUMENT NUMBER: P24000050428

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 LOGISTICS CARRIERS, INC.
Firm/ Company

11611 PROSPECT DR., UNIT #3
Address

ODESSA, FL 33556
City/ State and Zip Code

nicholaspositano@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:

☐ $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

FILED

2024 AUG 15 AM 10:51

Articles of Amendment
to
Articles of Incorporation
of

LIGHTNING LOGISTICS CARRIERS, INC.

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

P24000050428

(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)

_____

_____

_____

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 _____

(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 (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, VP Vice President, T Treasurer, S Secretary, D Director, TR Trustee, C Chairman or Chief 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 to 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)	___ Change	P	NICHOLAS S. POSITANO	11611 PROSPECTOR, UNIT #3, ODESSA, FL 33556
	___ Add			
	X Remove			
2)	___ Change	S	DAVID R. POSITANO	11611 PROSPECTOR, UNIT #3, ODESSA, FL 33556
	___ Add			
	X Remove			
3)	___ Change	T	NICHOLAS POSITANO	11611 PROSPECTOR, UNIT #3, ODESSA, FL 33556
	___ Add			
	X Remove			
	___ Change	S	CARL SMITH	11611 PROSPECTOR, UNIT #3, ODESSA, FL 33556
	X Add			
	___ Remove			
5)	X Change	PD	ANTOINETTE POSITANO	11611 PROSPECTOR, UNIT #3, ODESSA, FL 33556
	___ Add			
	___ Remove			
6)	___ Change			
	___ Add			
	___ Remove			

V. If amending or adding additional Articles, enter change(s) here
(Attach *additional sheets, if necessary*) *(Be specific)*

VI. 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")

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)**

X 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 S 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 S. POSITANO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)