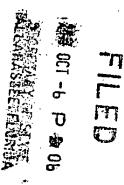
## P9600021862

Office Use Only



400304130054

10/06/17--01009--014 \*\*35.00



OCT 0.9 2017

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIMOCAR INC

DOCUMENT NUMBER: P96000021802

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

Please return all correspondence concerning this matter to the following:

USHA SHAH

Name of Contact Person

	Name of Contact Person	
LIMOCAR INC		
	Firm/ Company	
11634 BLACKMOOR DR		
	Address	
ORLANDO, FL 32837		
	City/ State and Zip Code	

LIMO@LIMOCARORLANDO.COM

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

For further information concerning this matter, please call:

SHAH USHA at (407 ) 721-1014

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:

Certificate of Status

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional Copy

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Street Address** 

is enclosed)

## Articles of Amendment to Articles of Incorporation of

LIMOCAR INC			
(Name o	of Corporation as currentl	y filed with the Florida Dept	. of State)
P96000021802			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N.A			The new
name must be distinguishable and con "Corp," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpora	orated" or the abbreviation
		N.A	
B. Enter new principal office address, (Principal office address MUST BE A S		<del></del>	
(Trincipul Office ununess <u>MOST BETTS</u>	, , , , , , , , , , , , , , , , , , ,		<del> </del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N.A	
(Maining dauress MAI BE A POST	OFFICE BUX)		
D. If amending the registered agent an new registered agent and/or the new			ne of the
	NΛ.	-	
Name of New Registered Agent			
	- ***		<del> </del>
		eet address)	
New Registered Office Address:	N.A		, Florida
		(City)	(Zip Code)
Name Danisham J. Amerika Cimpakan 16	L		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.
	- ·	. •	•
	Signature of New F	egistered Agent, if changing	
			1755

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		ROSHAN SHAH	11634 BLACKMOOR DR
Add				ORLANDO, FL 32837
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_	e service to a table	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here</u> :  (Attach additional sheets, if necessary). (Be specific)				
N.A				
Address And American Land				
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				

9/1/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
9/1/2017	
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 wil document's effective date on the Department of State's records.	I not be listed as th
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)	
(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.	
10/4/2017 Dated	
Signature VVI SUL	
(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)	<del></del>
USHA SHAH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	