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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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COVER LETTER

TO: Amendment Section Division of Corporations

| | Lions Iransport Inc. |
|--|--|
| DOCUMENT NUMBER: | V69219 |
| The enclosed Articles of Amendment | and fee are submitted for filing. |
| Please return all correspondence conc | eerning this matter to the following: |
| · | Carles D / car |
| | Carlos D Leon Name of Contact Person |
| | 1 7 |
| | Firm/ Company |
| | P.O. Box 5437 Address |
| | Address |
| | Lakeland, FL 33801 |
| | City/ State and Zip Code |
| Lior | dress: (to be used for future annual report notification) |
| E-mail ad | dress: (to be used for future annual report notification) |
| | |
| | |
| For further information concerning th | is matter, please call: |
| _ | |
| _ | at (863) 937-51. Area Code & Daytime Telephone |
| Carlos D Le Name of Contact Person | at (863) 937-51. Area Code & Daytime Telephone |
| Carlos D Le Name of Contact Person Enclosed is a check for the following | at (863) 937-51, Area Code & Daytime Telephone amount made payable to the Florida Department of State: |
| Name of Contact Personal Name of Contact Perso | at (863) 937-51, Area Code & Daytime Telephone amount made payable to the Florida Department of State: |
| Name of Contact Person Enclosed is a check for the following \$35 Filing Fee | at (863) 937-51. Area Code & Daytime Telephone amount made payable to the Florida Department of State: Filing Fee & |
| Name of Contact Person Name of Contact Person Enclosed is a check for the following \$35 Fiting Fee \$43.75 F Certification Mailing Address Amendment Section | at (863) 937-51, Area Code & Daytime Telephone amount made payable to the Florida Department of State: Filing Fee & \$\sumeq\$\$\$\$43.75 Filing Fee & \$\sumeq\$ |
| Enclosed is a check for the following \$35 Filing Fee \$43.75 Filing Certificate Mailing Address | at (863) 937-51, Area Code & Daytime Telephone amount made payable to the Florida Department of State: Filing Fee & \$\sumeq\$\$\$\$43.75 Filing Fee & \$\sumeq\$ |



December 14, 2011

CARLOS D. LEON P.O. BOX 5437 LAKELAND, FL 33807

SUBJECT: LIONS TRANSPORT, INC.

Ref. Number: V69219

We have received your document for LIONS TRANSPORT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 511A00027909

Articles of Amendment

to
Articles of Incorporation of

| Lions Transp | nt. Inc. |
|---|---|
| (Name of Corporation as currently filed with the | |
| V69219 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, 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 "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corpname must contain the word "chartered," "professional associatio B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | " "Inc," or "Co". A professional corporation |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PM 2: 04 OF STATE OF ORDA: |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | |
| Name of New Registered Agent: | |
| | |
| (Florida s | treet address) |
| New Registered Office Address: | , Florida |
| (Cir | y) (Zip Code) · |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian | nt: r with and accept the obligations of the position |
| Signature of New Registered | Agent, if changing |
| 2 ESSA ACE | EFF 1 |

| , If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you not the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list the additional sheet.) | | | | | |
|---|-----------------------------|-------------------------------------|-------------------|---|----------|
| | Title(s) | <u>Name</u> | Addr | ress_ | |
| | 1) <u> </u> | Luz Stella Le | ion <u>l</u> | akeland, I=C 33813 | t. Drive |
| | 2) <u>VP</u> | Carlos D Leon | 103 191 | 16 Prominence Pt. I Keland, FL 33813 |)rive |
| | 3) | | | | |
| | 4) | | | | |
| | 5) | | | | |
| | 6) | | | | |
| | If REMOVING an office | er and/or director, please list the | title(s) and name | of the officer/director to be removed: | |
| | <u>Title(s)</u> <u>Name</u> | | Title(s) | Name | |
| | 1) Sec Ma | ark A Leon | 4) | | |
| | 2) | | 5) | | |
| | | | | | |

| If amending or adding additional (attach additional sheets, if necessar | ry). (Be specific |) | | |
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| F. If an amendr | ment provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: |
|----------------------------|--|
| | plicable, indicate N/A) |
| (5 nor upp | |
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| | |
| The date of each | amendment(s) adoption: 12-8-2011 |
| | ` -A |
| | Samuel Value |
| Effective date <u>if s</u> | amendment(s) adoption: 12-8-2011 in mediately (no more than 90 days after amendment file date) |
| | (no more than 90 days after amenament file date) |
| | |
| Adontion of Ame | endment(s) (CHECK ONE) |
| , | (Chapte 311B) |
| The amendmen | nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) |
| by the shareho | olders was/were sufficient for approval. |
| 0, | , and the second of the second |
| ☐ The amendmen | nt(s) was/were approved by the shareholders through voting groups. The following statement |
| | ately provided for each voting group entitled to vote separately on the amendment(s): |
| | |
| | nber of votes cast for the amendment(s) was/were sufficient for approval |
| | 22 |
| ьу | (voting group) |
| | (voling group) |
| The amendmen | nt(s) was/were adopted by the board of directors without shareholder action and shareholder |
| action was not | |
| action was not | Togunou. |
| ☐ The amendmen | nt(s) was/were adopted by the incorporators without shareholder action and shareholder |
| action was not | |
| | |
| | Dated 12/19/11 |
| | Dated 12/11/1 |
| | Una Stall John |
| | Signature Wy Willa Wy |
| | (By 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) |
| | I OLA / |
| | Luz Stella Leon |
| | (Typed or printed name of person signing) |
| | ∼ . |
| | thesident |
| | (Title of person signing) |