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Amend in 8 Name ch 8

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Merdzo Tra	ansportation, Inc	;.
DOCUMENT NUMBER: P1100007675		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Selma Hidic		
	Name of Contact Person	n
Debbie's Accoun	iting Serivce, Inc	
	Firm/ Company	
3575 Southside I	Blvd.	
 	Address	·
Jacksonville, FL	32216	
-	City/ State and Zip Code	e
selmahidic@aol.com	า	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Selma Hidic	at (904	, 733-4547
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



Merdzo Transportation, Inc.

				//
	s currently filed with the Flor	ida Dept. of State)		•
P11000076754				_
(Documer	nt Number of Corporation (if kr	nown)		-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corpora	tion adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
AM Express, Inc.				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional c		bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S.)				-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	OFFICE BOX)			- -
If amending the registered agent an new registered agent and/or the nev	d/or registered office address	in Florida, enter t	he name of the	
Name of New Registered Agent	Damir Merdzic			
	3866 Campanero	Ct Unit 2		
	(Florida street d			
New Registered Office Address:	Jacksonville	F	lorida 32217	
	(City)	· ·	(Zip Code)	-
New Registered Agent's Signature, if cl I herehy accept the appointment as registed Sign	hanging Registered Agent: ered agent. I am familiar with gnature of New Registered Age		gations of the position.	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	S	Damir Merdzic	3866 Campanero Ct
X Add			Unit 2
Remove			Jacksonville, FL 32217
2) Change		_	
Add		·	
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change		_	_
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
. <u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 7/23/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
7/23/20	112	
$\frac{7/23/20}{\text{Signature }}$	Johnson ()	
	rector, president or other officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Damir Merdzic	
	(Typed or printed name of person signing)	
	Secretary	
-	(Title of person signing)	