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SECRITARY OF STATE ON SINGLE OF COREORATIONS

O WENNER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AMF EXPRESS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN M COSTA Name of Contact Person AMF EXPRESS, INC. Firm/ Company 6546 SW 18TH ST Address MIRAMAR FL 33023 City/ State and Zip Code interstatecarrierservice@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOURDES GARCIA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

f Corporation as current	ly filed with the Florida Dept. of State)	
		19 2
		*
(Document Number of	of Corporation (if known)	Jr. 9
	Florida Profit Corporation adopts the following	
me of the corporation:		
		TI.
ution "Corp," "Inc," or	on," "company," or "incorporated" or the ab "Co". A professional corporation name must c	The new breviation ontain the
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)		
		· · · · · · · · · · · ·
OSMANY MARTIN		
2039 WANDA AVE NO	RTH	
(Florida st	rect address)	
LEHIGH ACRES	, Florida 33971	
LETIOT ACKES		
	me of the corporation: ain the word "corporation tion "Corp," "Inc," or ion," or the abbreviation f applicable: REET ADDRESS Vor registered office address OSMANY MARTIN 2039 WANDA AVE NO	me of the corporation: ain the word "corporation," "company," or "incorporated" or the abution "Corp," "Inc," or "Co". A professional corporation name must cotion," or the abbreviation "P.A." [Applicable: 2039 WANDA AVE NORTH LEHIGH ACRES FL 33971] [Applicable: 2039 WANDA AVE NORTH LEHIGH ACRES FL 33971] [Applicable: 2039 WANDA AVE NORTH LEHIGH ACRES FL 33971] [Applicable: 2039 WANDA AVE NORTH LEHIGH ACRES FL 33971] [Applicable: 2039 WANDA AVE NORTH LEHIGH ACRES FL 33971]

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	РТ	JUAN M COSTA	6546 SW 18TH ST
Add			MIRAMAR FL 33023
X Remove			
2) Change	P	OSMANY MARTIN	2039 WANDA AVE NORTH
X Add			LEHIGH ACRES FL 33971
Remove	VP	YINET ALONSO	2039 WANDA AVE NORTH
3) Change	V 1		LEHIGH ACRES FL 33971
X Add			LEHIOH ACKES FL 339/1
Remove			
4) Change	GM 	MIGUEL FARRADAS	2039 WANDA AVE NORTH
X Add			LEHIGH ACRES FL 33971
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)

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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	
rovisions for implementing the ame (if not applicable, indicate N/A)	
rovisions for implementing the ame (if not applicable, indicate N/A)	
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rovisions for implementing the ame (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 dat document's effective date on the Department of State's records.	e will not be listed as the
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	г
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
03/31/2017 Dated	
<u></u>	
Signature Acoustic	
(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)	
JUAN M COSTA	
(Typed or printed name of person signing)	
PRESDENT	
(Title of person signing)	