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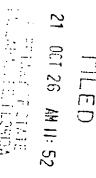
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LAC XPRESS CO	RP		
DOCUMENT NUMBER: P21000077830				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		ARIEL CURIEL		
		Name of Contact Person	1	
	l	AC XPRESS CORP		
		Firm/ Company		
		112 NW 26 AVE		
Address				
		MIAMI ,FL 33125		
City/ State and Zip Code				
Leidys PI 71 a Hotmail Com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
ARIEL CURIEL		786 at (459-0261	
ARIEL CURIEL Name of Contact Person at (786) 459-0261 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

Articles of Amendment to Articles of Incorporation of

LAC XPRESS CORP

(Name of Corporat	tion as currently file	d with the Florida De	ept. of State)	
F	P21000077830			
(Docu	ıment Number of Соп	ooration (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florid</i>	da Profit Corporation	adopts the following a	imendment(s) to
A. If amending name, enter the new name of the	corporation:			
N/A			7	he new
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	c," or "Co". A proj	any," or "incorporate fessional corporation	d" or the abbreviation name must contain	"Corp.," the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
D. If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address i d office address:	n Florida, enter the r	name of the	<u>.</u>
Name of New Registered Agent				
				3 =
	(Florida street ad	dress)	-: -: -: -: -: -: -: -: -: -: -: -: -: -	m
New Registered Office Address:			, Florida	
	(City)		G Zip Go > 2	de) I
New Registered Agent's Signature, if changing Re	egistered Agent:	r all a straigh	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered agent.	I am familiar with a	па ассері іпе обидан	ons oj ine position.	
Sign	nature of New Registe	ered Agent, if changing	g	
Check if applicable The amendment(s) is/are being filed pursuant to 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)

Add

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.

John Doe	
Mike Jones	
Sally Smith	
<u>Name</u>	<u>Addres</u> s
ARIEL CURIEL	112 NW 26 AVE MIAMI FL 3312
<u> </u>	
_	
	Mike Jones Sally Smith Name

an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ttach additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:	PRESIDENT FULL NAME LAZARA L PIÑON AMARO	
provisions for implementing the amendment if not contained in the amendment itself:		
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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)		
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provisions for implementing the amendment if not contained in the amendment itself:	If an amendment provides for an exchange, reclassification, or cancellation of issued s	ares.
(if not applicable, indicate N/A)	provisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
		
		<u> </u>

• .

	10/18/2021	if ashar show sho
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected	ictor, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary) LAZARA L PIÑON AMARO (Typed or printed name of person signing)	
	(a ypea or printed name of person signing)	

PT