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(Re	equestor's Name)	
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(Do	ocument Number)	
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION:

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

Please return all co

prrespondence concerning this matter to the following:
Carlos Torres
Name of Contact Person
CSS Express Inc
/ Firm/ Company
9144 NW 1ZOST
Hafeah Gardens, FL 33018
City/ State and Zip Code
Express CSS @ Nahoo. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Torres	at (786) 338-1280
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:

\$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 onclosed)
			is enclosed)

#### **Mailing Address**

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

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

### **Articles of Amendment**

Articles of Incomp	oration
CSS EXPRESS	Inc
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P 14 0000 8	<u>40 /3</u>
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	7
-	
-	
C. Enter new mailing address, if applicable:	W O M
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
	S. S.
-	<del></del>
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	2 /
Name of New Registered Agent KAGUEL V	20
9146 NW 12	20 ST uddress)  Ardens Florida 330/8 (Zip Coole)
(Florida street o	uldress)
New Registered Office Address: Halcah (-)	ardens Florida 330/8
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	and accept the obligations of the position
I hereby accept the appointment as registered agent. I am familiar with	ана ассері те овидановь ој те розінов.
Raguel C	)e~
Signature of New Regi.	stered Agent, if changing

Page 1 of 4

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)  1) Change Add	Title	Raguel Dev	Address  9146 NW 120 ST  Hialeah Gardens
Remove 2) Change Add Remove			FL, 33018
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach <i>addition</i>	r adding additional nal sheets, if necesse	ry). (Be specific	ange(s) nere: )			
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If an amendm	ent provides for an	exchange, reclass	ification, or cance	llation of issued sha	ares,	
provisions fo (if not ap	<b>r implementing the</b> plicable, indicate N	amendment if not (4)	contained in the	amendment itself:		
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The date of each amendment(s) adoption:	, if other than
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 date widocument's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 east 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.	
Dated	
(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)	
Carlos M. Tomes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	