454549

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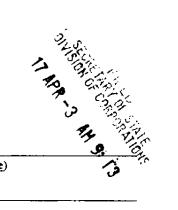
AFR - 5 2817

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Latin Express Serv	vices INC				
DOCUMENT NUMB	.15.45.49		· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corres	spondence concerning this ma	atter to the following:				
	Stella M. Corrionero					
		Name of Contact Perso	n			
	Latin Express Services INC					
		Firm/Company				
	922 NW 8th Street Road					
	Address					
	Miami, FL 33136					
		City/ State and Zip Cod	e			
Stella	corrionero@gmail.com					
	<u> </u>	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:at (244 9977			
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made		•			
□ \$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)			
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building xecutive Center Circle			

Articles of Amendment to Articles of Incorporation of



Latin Express Services INC

(Name	of Corporation as currently	filed with the Florida Dept. of State)
454549		V
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	. 1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address,		
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
S F-4		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		922 NW 8th Street Road
		Miami, Florida 33136
 If amending the registered agent an new registered agent and/or the new 		ss in Florida, enter the name of the
	Rhonda F. Goodman PA	
Name of New Registered Agent	922 NW 8th Street Road	
	(Florida stree	et address)
New Registered Office Address:	Miami	Florida 33136
New Negistered Office Address.	(0	City) (Zip Code)
New Registered Agent's Signature, if c	honsina Danistanud At.	
hereby accept the appointment as regist	tered agent. I am familiar wi	ith and accept the obligations of the position.
	Blu eve (<u> </u>
	Signature of New Re	gistered Agent, if changing

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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	PTSD	Yampier Sanchez	922 NW 8th Street Road
x Add			Miami, FL 33136
Remove			
2) Change	PS	Rosa M Alvarez-Cambo	1101 NW 22 nd Avenue
Add			Miami, FL 33125
x Remove			
3) Change	VPI	Jillian Soto	1101 NW 22nd Avenue
			Miami FL 33125
X Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Re specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(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)	
(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 will document's effective date on the Department of State's records.	not be listed as the
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 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.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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)	_
(Typed or printed name of person signing)	
President + (Title of person signing)	
(Title of person signing)	