N200000000088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500349706455

08/10/20--01021--029 #- 05.00

2020 - 110 FH 1:36

Mind

SEP : 4 YOZU I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	EXPRESS INC		·
DOCUMENT NUMBER: _	N200000006188			
The enclosed Articles of Ame	endment and fee are subn	nitted for filing.		
Please return all corresponder	nce concerning this matte	er to the following:		
	YA	HIMA CRESPO		
		(Name of Contact P	erson)	
	THE BEST CARC	O EXPRESS INC		
		(Firm/ Compan	y)	
		13988 NW 88 PL		
	•• • •	(Address)		
	МІ	IAMI LAKE , FL 33	018	
		(City/ State and Zip	Code)	
	4GLOB	ALCORP@GMAIL	.COM ,	
E-	mail address: (to be used	for future annual re	port notification	n)
For further information conce	rning this matter, please	call:		
YAHIMA CRESPO		n.t	305	912-9444
	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Gertificate of Status	S43.75 Filing Fee Certified Copy (Additional copy) enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section			reet Address	ion
	Corporations	Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

The Best	· / 0000	Express	INC
(Name of Corporation as currently filed with the Florida D	ept. of State)		
1120	1777V	70188	
(Document Number	er of Corporation (if ki	nown)	
(Document Manux	er or corporation (if ki		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporati	ion:		
			The new
name must be distinguishable and contain the word "corporat	ion" or "incorporated	l" or the abbreviation "Corp."	
"Company" or "Co." may not be used in the name.	•	,	
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)			· -
(Maining dudiess MAT IND A FOOT OF FIEL DOM)			<u></u>
			_ =====================================
			- 1: 76
			<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the	
new registered agent and/or the new registered office a	uuress.		
Name of New Registered Agent:			
N. D. 1000 411	(FI	orida street address)	
New Registered Office Address:			
	····	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far		the obligations of the position.	
	onature of New Regist	ered 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 X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	VALENTIN HERNANDEZ	17631 NW 42 AVE MIAMI GARDENS , FL 33055
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional ts, if necessar	Articles, enter change(s) here: (y). (Be specific)	
			

•		
.		
		
		
		
		
		
		
		
The date of each amendment(s) adopt	ion:	if other than the
date this document was signed.		,
Dec. d. I. de II. I		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
<u>Note:</u> If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will n ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	7/14/2020
Signatur	e leuting Cushpe
J.8.13.12.	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	VAHIMA CRESPO
	(Typed or printed name of person signing)
	President.
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.