4110000000114

(Re	questor's Name)	
(1.5	, , , , , , , , , , , , , , , , , , ,	
(Ad	dress)	
()-2	,	
(Ad	dress)	
()	,	
(Cit	y/State/Zip/Phone	#)
(2	,	·· ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(,	-,
(Do	cument Number)	<u> </u>
•	•	
Certified Copies	Certificates of	of Status
	-	
	577 077	
Special Instructions to	Filing Officer:	

Office Use Only



000361608020

03/24/21--01012--012 **43.75

EILED 2021 HAR 24 PM 2: 06 SECRE MIN SOF STATE

N 3 400

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _ DOCUMENT NUMBER: _N 21 000 00 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) For further information concerning this matter, please call: (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bar{\text{\$\sumsymbol{1}}}\$\$\$\$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) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

NIACKE THO		V U 15,-21	Caps (-15)	
NOCKY EXPIESS (Name of Corporation as currently filed with the Flo	of Dant of State)	2021 HAR 24	PH 2: 06	
(Document)	Number of Corporation	i (if known LAHA)	SSEE, FL	
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida ?</i>	vot For Profit Corpo	oration adopts the f	ollowing
A. If amending name, enter the new name of the cor	poration:			
NIA				The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorp	orated" or the abbro	viation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PFSC)	NIA		
The state of the s				
•				
C. Enter new mailing address, if applicable:		NID		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	,	() []		
		···		
			<u>.</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Flo	orida, enter the nan	ne of the	
	Net	Ω		
Name of New Registered Agent:		Ni La		
		(V) H (Florida street addre:	5.5)	
New Registered Office Address:				
	10:		. Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: tm familiar with and a	ccept the obligations	of the nosition	
			ay me promote	
		VIA	· · · · · · · · · · · · · · · · · · ·	
	Signature of New R	egistered Agent, if c	hanging	

P = President; V = Vice i	s, if necessary) irector title by the President; T= Tre = Chief Financia	r first letter of the office title; easurer; S= Secretary; D= Director; TR= Tr l Officer. If an officer/director holds more th	ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office		
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporati	ion, Sally Smith is named the V and S. These :	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.		
Example: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change Add	P	Enock Gaspard	4442 Bluejack Ridge Ave Apopka, FL 32712		
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 Art ts, if necessary).	icles, enter change(s) here: (Be specific)			
Please	help	me With this	.If you		
need any additional informations					
you can email me at i encektagesparate					
in also for					
AMILLOW.	^ · · ·	16			

· If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

The date of each amendment(s) adoption: $05-21-2021$, if other than to date this document was signed.
Effective date if applicable: $\frac{01 - 04 - 2021}{\text{(no more than 90 days after amendment file date)}}$
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

-

Dated 3-21-2021
a Alo
Signature
(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)
omer court appointed reductary by that reductary
Enock Gaspard
(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.