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DATE: 10/29/19

NAME: WORLDPACK SERVICES, INC.

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abb.o.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WORLDPACK SERVICES, INC.

DOCUMENT NUMBER: P00000083711

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

Please return all correspondence concerning this matter to the following:

OSCAR A. VILLA

Name of Contact Person

WORLDPACK SERVICES, INC.

Firm/ Company

13275 SW 136 Street, Unit 26

Address

Miami, FL 33186

City/ State and Zip Code

worldpackservice@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: --

 Paola Guerrero
 at (_______)
 796-9275

 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:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment 10 Articles of Incorporation oſ

WORLDPACK SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0000083711

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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Name of New Registered Agent

(Florida 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 familiar with and accept the obligations of the position.

Signature of New Registered 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treusurer; 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, Treusurer, 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.

X Change PT John Doe Y X Remove Mike Jones <u>X</u> Add ŞΥ Sally Smith Address Type of Action Title <u>Name</u> (Check Onc) PT Oscar A. Villa 13275 SW 136 Street, Unit 26 1) X Change Miami, FL 33186 ____ Add _ Remove 13275 SW 136 Street, Unit 26 2) X S Biviana M. Yepes _ Change Miami, FL 33186 _____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change _____ Add _____ Remove 5) ____ Change ____ Add Remove 6) ____ Change Add _____ Remove

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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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| F. 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) | |
| (ij noi appreable, malcale N/A) | |
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| The date of each amendment(s) a date this document was signed. | adoption:, if other than the |
| 10/ Effective date <u>if applicable</u> : | 29/19 |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ad by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. |
| The amendment(s) was/were ap must be separately provided for | proved by the shareholders through voting groups. The following statement r 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) |
| | (voting group) |
| The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder |
| 10/29/19 Dated Signature (By a d | Main Mila. |
| selected | d, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |

Oscar A. Villa

(Typed or printed name of person signing)

President/Officer

(Title of person signing)

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